
Last Name Initial

Young Scholars Medical Form

Student _____

Junior Scholars _____

Senior Scholars _____

_____ My child does not have any physical limitations

or

Physical Limitation(s)/Food Allergies: _____

Doctor _____ Telephone _____

If medication needs to be dispensed, you must fill out a form in the office the first day.

Are there important documents we need to be aware of such as legal documents, custody papers, parenting plans, etc? Yes _____ No _____ (If yes, please provide)

Parent Printed Name _____

Parent Signature _____ Date _____

Daytime Phone _____ Cell Number _____

Please return by mail or in-person by May 28, 2021.

In-Person Drop Off:
Young Scholars Institute
Central Office Annex - Franklin Special School
District
1406 Cannon Street
Franklin, TN 37064

Mail To:
Young Scholars Institute
PO Box 1168
Franklin, TN 37065