
Last Name Initial

Young Scholars Medical Form

Student _____

Junior Scholars _____

Senior Scholars _____

____ My child does not have any physical limitations/food allergies.

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 by May 28, 2022.

Mail To:

Young Scholars Institute

PO Box 1168

Franklin, TN 37065