

Franklin Central School District

Student Health Form

Student Name: _____ Date of Birth: ____/____/____

Birth Certificate on File: Y N (circle one)

Current Immunizations on File: Y N (circle one)

Date of most recent Physical: ____/____/____

Medications Administered at School: Y N (circle one)

List of Medications:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Medical or Health Concerns:

Doctor: _____ Phone: _____

Parent/Guardian Signature: _____

Date: ____/____/____