



KNOX COUNTY SCHOOLS

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MEDICAL RELEASE

This form is used to record parental permission for medical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

(Print Student's Name)

hereby grant to the Knox County Board of Education/Knox County Schools (KCS), its employees and agents the authority to seek emergency medical care for our child. I, we, voluntarily consent to the rendering of such care by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical or emergency care of my child.

In making medical decisions on my behalf for the benefit of my child, I direct that KCS attempt to contact me at the phone number(s) I have provided KCS. However, if medical care becomes essential and I am unavailable, I give permission to KCS to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my child and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my child during this period.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF

SUBSCRIBED and sworn to before me, a Notary Public, this day of , 20 .

My commission expires

Notary

Medical Insurance Company Policy #

If not covered by medical insurance, please check box.

Student's Address Phone

Date of Birth

Father Home Phone

Business Business Phone

Mother Home Phone

Business Business Phone

Family Physician's Name Phone

Address City ST

Allergies or Special Conditions

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

Copy to the office Date

Original is retained by teacher and taken on the field trip.