

**Rutherford County Schools**  
**Travel Permission and Emergency Medical Release Form**

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name and Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's Name and Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_

If neither parent can be reached call: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Student's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there medical problems, allergies or other information the teacher should know about in order to make the trip safer and better for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Medications in use: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

My child may \_\_\_\_\_ may not \_\_\_\_\_ take Tylenol.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_ has my permission to travel with  
(Name of Student)

\_\_\_\_\_ during \_\_\_\_\_ In case of need, I grant  
(School Group) (Date/s of travel)

my permission for my child to be treated by a health care professional in my absence.

\_\_\_\_\_  
(Parent's Signature) (Date)

Before me, a Notary Public, in and for Rutherford County, Tennessee, personally appeared \_\_\_\_\_, with whom I am acquainted and who acknowledged the completion of this instrument.

Witness my hand and official seal of office on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
COMMISSION EXPIRES

\_\_\_\_\_  
NOTARY PUBLIC