

**2021-2022 Rutherford County Schools  
Travel Permission and Emergency Medical Release Form**

Name of Student: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

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

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

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

If neither parent/guardian can be reached, call: \_\_\_\_\_

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

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

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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? No  Yes  (provide details on back)

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

My child: may  may not  take Tylenol. Date of last tetanus shot: \_\_\_\_\_

\*This portion of the document must be signed in the presence of a Notary Public official.

My child, \_\_\_\_\_, has my permission to travel with the Smyrna High School Band during the 2021-2022 school year. In case of need, I grant permission for my child to be treated by a health care professional in my absence.

Parent 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 \_\_\_\_\_, 2021.

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

\_\_\_\_\_  
COMISSION EXPIRES