

**2024-2025 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 2024-2025 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 _____, 2024.

NOTARY PUBLIC

COMISSION EXPIRES