



2026-2027 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 2026-2027 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 \_\_\_\_\_, 2026.

NOTARY PUBLIC

COMISSION EXPIRES