

2025-2026 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 2025-2026 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 _____, 2025.

NOTARY PUBLIC

COMISSION EXPIRES