

KNOX COUNTY SCHOOLS

KNOX COUNTY SCHOOLS MEDICAL RELEASE

This form is used to record parental permission for medical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

(Print Student's Name)

hereby grant to the Knox County Board of Education/Knox County Schools (KCS), its employees and agents the authority to seek emergency medical care for our child. I, we, voluntarily consent to the rendering of such care by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical or emergency care of my child. In the event that my child is injured or ill while under the care of KCS, I hereby give permission to KCS to provide first aid for said child and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my child, I direct that KCS attempt to contact me at the phone number(s) I have provided KCS. However, if medical care becomes essential and I am unavailable, I give permission to KCS to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. I authorize KCS to request, obtain, review and inspect any and all information bearing upon my child's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my child and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my child during this period.

	Parent/Guardian Signature	Da	ate
	Parent/Guardian Signature	Da	ate
STATE OF TENNESSEE, COUNTY OF			
SUBSCRIBED and sworn to before me, a Nota	ry Public, this day of	,	20
My commission expires		Natari	
		Notary	
Medical Insurance Company	P	olicy #	
\Box If not covered by medical insurance, pl	lease check box.		
Student's Address		Pho	one
Date of Birth			
Father		Home Phone	
Business		Business Phone	
Mother		Home Phone	
Business		Business Phor	ie
Family Physician's Name		Pho	one
Address		City	ST
Allergies or Special Conditions			
NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/ guardian.			
Disposition			
Copy to the office Date			
Original is retained by teacher and taken on the field trip.			