

KNOX COUNTY SCHOOLS

PERMISSION FORM

(For on- or off-campus activities during regular school hours)

Dear Parent:

- Your **11<sup>th</sup> grade and/or 12<sup>th</sup> grade child** is invited to attend the **Knox County Schools College & Career Fair** on **Tuesday, September 25, 2018**, at the Chilhowee Park Jacob Building. There is no cost for your child to attend the Fair.
- Knox County Schools will provide transportation to and from the event for students and chaperones. All students attending must ride the bus. Students may not drive and may not ride with a parent. A nurse will be at the College & Career Fair throughout the day.
- If your student is interested in attending this event, **complete the mandatory *Medical Release Form and Permission Form* and return them to the School Counseling Office** by **Tuesday, September 18, 2018**. The Permission Form is located at the bottom of this page. **The Medical Release Form does not need to be notarized.**
- If parents wish to attend the College & Career Fair independently, you must contact the School Counseling office to be placed on the list of attendees. The list will be emailed to Knox County Schools Central Office the day before the Fair. Parents must use the *Parent Entrance* and *show a picture ID* or they will not be allowed to enter.
- Feel free to contact your child's school counselor with any additional questions regarding this event. **Last names A-C:** [Beverly.Anderson@knoxschools.org](mailto:Beverly.Anderson@knoxschools.org) **D-Kh:** [Jennifer.Lamattina@knoxschools.org](mailto:Jennifer.Lamattina@knoxschools.org)  
**Ki-R:** [Kelly.Nash@knoxschools.org](mailto:Kelly.Nash@knoxschools.org) **Q-Z:** [Leslie.Lee@knoxschools.org](mailto:Leslie.Lee@knoxschools.org)

(tear off and return bottom portion to school)

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PERMISSION SLIP

Field trip to **KCS College & Career Fair at the Chilhowee Park Jacob Building**  
on **Tuesday, September 25, 2018**

Student Name \_\_\_\_\_

- ☐ My child has permission to attend.  
☐ My child does NOT have permission to attend.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form is due to the School Counseling Office by Tuesday, September 18, 2018**

By turning in this form, you give Bearden permission to register your student with [GoToCollegeFairs](#) (the automated student registration system for college fairs)

## KNOX COUNTY SCHOOLS

### MEDICAL RELEASE

This form is used to record parental permission for medical and surgical 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, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

STATE OF TENNESSEE, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary

**NOTE:** The KCS College Fair does NOT require the Medical Release Form to be Notarized.

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

☐ If not covered by medical insurance, please check box.

Student's Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Date of Birth \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

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.