

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*

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.