

**KNOX COUNTY SCHOOLS
MEDICAL RELEASE FORM**

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

We, the undersigned as the parents and legal guardians of

 Print Student's Name

hereby consent to any and all medical and surgical treatments, including anesthesia and operations which may be deemed advisable 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 examinations, treatments, anesthetic, operations and diagnostic procedures which may now or during the course of the patient's care, be deemed advisable or 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____.

 Notary

Medical Insurance Company _____ Policy # _____

Copy of Insurance Card Must Be Attached.

1. 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

1. Copy to office _____
 Date

1. Original is retained by teacher and taken on the field trip.