

KNOX COUNTY SCHOOLS

PERMISSION FORM

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

Dear Parent:

Several AP Exams may be given off campus at locations such as Sarah Simpson Professional Development Center and Pellissippi State Community College (Division Street Campus). An exam schedule with locations will be posted on the West High School website.

Parents and students are responsible for their own transportation.

(tear off and return bottom portion to school)

PERMISSION SLIP

Field trip to Off Campus AP Exams

on May 6- May 17

Student Name _____

My child has permission to attend.

My child does **NOT** have permission to attend.

Parent Signature _____ Date _____

MEDICAL RELEASE

This optional form may be 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 _____

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.