

KNOX COUNTY SCHOOLS

PERMISSION FORM

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

Dear Parent:

Several of our AP exams may be given off-campus to accommodate a larger space and quieter testing environment. These sites may include Pellissippi State (Division Street Campus), Sarah Simpson Professional Development Center, or other TBD locations. Testing locations will be communicated closer to exam time.

AP exams take place May 2 through May 13, 2022. If a student is tested off-campus, transportation must be provided by and the responsibility of the parent/guardian.

By signing below, you give your child permission to test off campus and acknowledge that you will provide transportation.

Regards,

Tabitha Rawlings  
AP Coordinator  
West High School

(tear off and return bottom portion to school)

PERMISSION SLIP

Field trip to Off-campus AP exams

on May 2-May 13, 2022

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

My child has permission to attend.

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

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

KNOX COUNTY SCHOOLS

OPTIONAL 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

Does not need to be notarized.

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.