

**KNOX COUNTY SCHOOLS
MEDICAL RELEASE**

This form is used to record parental permission for medical 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/Knox County Schools (KCS), its employees and agents the authority to seek emergency medical care for our child. I, we, voluntarily consent to the rendering of such care by medical doctors, hospitals or their authorized designees, as may in their professional judgement be necessary to provide for the medical or emergency care of my child. In the event that my child is injured or ill while under the care of KCS, I hereby give permission to KCS to provide first aid for said child and to take the appropriate measures, including contacting EMS and arranging transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my child, I direct that KCS attempt to contact me at the phone number(s) provided. However, if medical care becomes essential and I am unavailable, I give permission to KCS to make such decisions regarding treatment as deemed appropriate by the medical provider. I authorize KCS to request, obtain, review and inspect any information bearing upon my child's health relevant to such decisions.

I acknowledge that no guarantees have been made as to the effect of such treatment and that I am responsible for all reasonable charges.

Parent/Guardian Signature _____ Date _____

Medical Insurance Company _____ Policy # _____

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

Student's Address _____ Phone _____

Date of Birth _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

Family Physician's Name _____ Phone _____

Address _____

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 office.

☐ Original retained by teacher and taken on field trip.