Rutherford County Schools Travel Permission

and Emergency Medical Release Form

REQUIRED FOR ALL CHOIR STUDNETS TO TRAVEL

1. Print the following page. See Mr. Roberts if you'd like a paper copy.

2. Parent/Guardian should complete all information, but DO NOT SIGN OR DATE.

3. Get the form notarized. This can likely be done at your bank for no fee, or you can visit a place like the UPS Store and pay a fee (call ahead). Parents must sign and date the form in front of a Notary.

4. Return the notarized form to Mr. Roberts at school.
    a. This must be turned in by August 22nd
    b. Bring the form in an envelope to the Front Office by August 22nd and ask them to put in Mr. Roberts' mailbox.

5. Summary:
    a. Complete the following page now – get it notarized and turn in by August 22nd. It's good for the entire school year.
    b. We must have this notarized form before our first trip in early September.

Rutherford County Schools Travel Permission and Emergency Medical Release Form

Name of Student: _____Home Phone: _____

Home Address: _____

Mother/Guardian #1

Name: _____ Cell Phone: _____

Work: _____ Work Phone: _____

Father/Guardian #2

Name: _____ Cell Phone: _____ ____

Work: _____ Work Phone: _____ _____

If neither parent can be reached call: _____

Relationship: _____ Phone: _____

Student's Physician: _____Physician Phone: _____

Are there medical problems, allergies or other information the teacher should know about in order to make the trip safer and better for your child? **Yes_____ No_____**

If yes, give details: _____

Note: If your child needs prescription or over-the-counter medications while on a trip with the Riverdale Choirs, you must complete the Overnight Field Trip Medication Procedure and Authorization Form and obtain a healthcare provider signature for any prescription medications before each field trip.

Date of last tetanus shot:_____ My child may_____ may not_____ take Tylenol.

Health Insurance Company: _____ Policy Number:_____

_____has my permission to travel with the Riverdale Choirs during the **2025-2026 Academic Year**.
(Student Name)

In case of need, I grant my permission for my child to be treated by a health care professional in my absence.

_____ _____
(Parent Signature) (Date)

Before me, a Notary Public, in and for Rutherford County, Tennessee, personally appeared, _____

with whom I am acquainted and who acknowledged the completion of this instrument.

Witness my hand and official seal of office on this_____ day of _____, 2025.

_____ _____

COMMISSION EXPIRES NOTARY PUBLIC