

Must be notarized
& returned before
August 26th

McFadden School of Excellence
Travel Permission and Emergency Medical Release Form
* (Must Be Notarized) *

Name of Student: _____ Homeroom _____

Home Address: _____

Home Phone: _____

Father's Name & Work: _____

Work Phone: _____ Cell Phone: _____

Mother's Name & Work: _____

Work Phone: _____ Cell Phone: _____

If neither parent can be reached call: _____

Relationship: _____ Phone: _____

Are there any medical problems, allergies or other information the teacher should know about in order to make this trip safer for your child? YES _____ NO _____

If YES, give details: _____

Medications in use: _____

Date of Last Tetanus Shot: _____ My child may _____ may not _____ take Tylenol.

I grant my permission for my child to be treated by a health care professional in my absence.

Health Insurance Company: _____ Policy#: _____

Trip Destination: Land Between the Lakes (LBL)

Date: Sept. 7-9, 2022 Departure Time: 8:30 a.m. Return Time: 4:00 p.m.

COST TO STUDENT: \$240⁰⁰

Transportation for the trip will be provided by Anchor Bus Lines. We have allowed for 40 additional chaperones to assist on the field trip. If you would be willing to help chaperone this field trip, please give us your NAME: _____ Phone #: _____ and we will contact you.

It is the policy of McFadden Elementary to offer educationally beneficial and/or incentive field trips to our student body. We believe the experiences beyond the classroom enhance classroom learning. The rules, conduct and penalties for violations are the same as those provided in the McFadden Agenda and posted classroom rules. We will strive to provide a safe environment; however, we cannot be responsible for conditions beyond our control.

Additional Information: _____

Students **WILL NOT** be taken on the field trip without your permission. If you wish for your child to go, under the conditions listed above, sign and return this form.

Parent/Guardian Signature _____

Date _____

STATE OF TENNESSEE

COUNTY OF RUTHERFORD

Subscribed and sworn to me this _____ day of _____.

Notary Public _____ My Commission Expires _____

Do not sign the a
untill in the
presence of
notary.

