

# Chelsea High School Field Trip Permission Form

## Connect 2 Careers: Interactive Career Expo Thursday, September 12, 2019

My child, \_\_\_\_\_, has my permission to attend the *Connect 2 Careers: Interactive Career Expo at the Shelby County Exhibition Center* from 8:35 a.m. to 11:05 a.m. I understand that students will be transported by a Shelby County school bus. Furthermore, as legal guardian of \_\_\_\_\_, I release **Chelsea High School**, Shelby County Schools, chaperones, and sponsors from liability for any accident or injury occurring during this event.

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

### EMERGENCY INFORMATION – TO BE FILLED OUT BY PARENT ONLY. PLEASE PRINT

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### IN AN EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:

NAME: \_\_\_\_\_

DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### MEDICAL AND INSURANCE INFORMATION:

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICYHOLDER'S NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

### MEDICAL ALERT

*Please list all allergies and all required medications in this section.*

\_\_\_\_\_  
\_\_\_\_\_

**This permission form must be returned to Mr. Woodward in the Guidance Office by Friday, September 6, 2019 in order to attend.**