

**UNICOI COUNTY SCHOOL SYSTEM**  
**SCHOOL TRIP PERMISSION AND MEDICAL FORM**

Student Name \_\_\_\_\_ Age \_\_\_\_\_  
School Unicoi County High School Band  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

I. I hereby give my permission for the above student to participate in the trip to  
All Band Performances Date TBD

Parents and students must recognize that all policies of the Unicoi County Board of Education are in effect during the trip just as if the student were in the classroom.

Signature of Parent/Legal Guardian \_\_\_\_\_

II. Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

III. Person to contact if parent or guardian is unavailable \_\_\_\_\_  
Phone \_\_\_\_\_

IV. Describe any recurring medical conditions including those that could be a factor in providing medical treatment.

A. Allergies \_\_\_\_\_  
B. Physical Handicaps \_\_\_\_\_  
C. Convulsions \_\_\_\_\_  
D. Reactions to bee stings \_\_\_\_\_  
E. Medicine Reactions \_\_\_\_\_  
F. Disease of any kind \_\_\_\_\_  
G. Other \_\_\_\_\_

V. PARENT/GUARDIAN: Please check one of the following and sign your name.

\_\_\_\_\_ A. I give permission for immediate medical treatment as required in the judgement of the attending physician. Notify me and/or the alternate contact as listed above as soon as possible.

\_\_\_\_\_ B. I do not give permission for medical treatment until I have been contacted.

Signature of parent/Legal Guardian \_\_\_\_\_

Is student covered by medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes complete the following

Name of Insured: \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Company \_\_\_\_\_