



Tattnall County Public School System  
**Out-of-County Field Trip Authorization Form**

I, \_\_\_\_\_, being the legal parent/guardian of  
(Parent/guardian name, please print

\_\_\_\_\_, do hereby give the right and power  
(student name, please print)

to the school official(s) of \_\_\_\_\_ to authorize medical

treatment, care and services, to discipline, and to make whatever decisions that are necessary for my child's welfare in the discretion of said official(s) while my child is a participant of \_\_\_\_\_ at/in

\_\_\_\_\_ for the period of

\_\_\_\_\_. I understand that this authorization in no way relieves me of any financial or other obligations related to any decisions made by the above school official(s)

I hereby appoint The Board of Education as my agent or the purposes of obtaining medical treatment in the event of injury. I agree to be responsible for all medical treatment, then and in that event I agree to reimburse said Board of Education in full.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Any other known medical condition(s) \_\_\_\_\_

Family Doctor \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_

Father's work \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's work \_\_\_\_\_ Work phone \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Home phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_