



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 _____