

PARENTAL PERMISSION AGREEMENT

Dyersburg Middle School is able to enhance the educational opportunities of our students by offering extra-curriculum trips as part of our school program. These trips will be chaperoned by school personnel who will exercise reasonable supervision for your child. In return your child will be expected to follow the directions of the chaperones and sponsors for the school trip.

We (the parent or guardians) give our permission for \_\_\_\_\_  
(name of student)  
to attend all off-campus events with Dyersburg City Schools during the 2016-2017 school year.

Signature of Student \_\_\_\_\_

Signature of Parents \_\_\_\_\_

Date \_\_\_\_\_

NOTE: INSURANCE COVERAGE IS NOT PROVIDED BY THE SCHOOL IN CASE OF ILLNESS OR ACCIDENT.

EMERGENCY TREATMENT

To All Parents:  
Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's contest (unless a matter of life or death). It is required that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Student Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Grade: \_\_\_ Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Parent's Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Policy and/or Group Numbers: \_\_\_\_\_

Alternative Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Consent Statement: Authorizing Treatment

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_