

Fairview High School

Transportation Permission Form 2021-22

Destination: Fairview High School Football Games, Competitions, Festivals, Trips, and other band related activities.

Student's Name: _____

Parent's name: _____

I, _____, give permission for my son/daughter, _____, to participate in on and off campus performances and activities.

Parent's signature: _____ Date _____

Emergency Phone Number: _____

Our medical/accident insurance company is _____ and the policy number is _____.

I, the parent or guardian, of the above listed child, certify that the above insurance information is accurate. In the event of a medical emergency on the field trip, I give my permission for medical treatment to be administered to my child.

Allergies (include medications)?

List any medical conditions or medication your child is taking:

List prescription medications your child must take while on the field trip:

By signing this form I release the Williamson County Board of Education, Fairview High School, its members, employees and agents from liability for students traveling to off-campus activities and events. Please sign below.

Parent/Guardian Signature: _____ Date: _____