



JB Lyle Choral Festival

Field Trip Permission

The deadline for this required form and money is February 16

What? This is our annual field trip to perform at the East Tennessee regional choral festival.

Who? Chorus 4 (The Maryville Chorale) and Chorus 1 (Maryville Singers) students.

When? Tuesday, March 5: We'll load the bus at 7:15 am in the Foothills Mall parking lot and head down to First Baptist Church in Chattanooga. Students will return to Maryville around 5 pm.

Cost? \$47 to cover transportation costs, festival fees, and lunches.

My student, _____ has my permission to accompany Mr. Davis and the
(student name)

Maryville Choirs on the March 5 JB Lyle Choral Festival field trip. I understand that the trip will be under the supervision of Mr. Davis and other adult chaperones as appropriate. I hereby relieve the Maryville City School System of all responsibility beyond that of normal supervision.

I have included the field trip fee of \$47 with this form.

My student qualifies for reduced lunch and/or the MCS fee waiver. I have included the reduced field trip fee of \$23.50 with this form.

I would like to participate as a chaperone on the trip.

Please make checks payable to **Maryville High School**.

Parent Name (printed)

Parent Signature

Date

Parent email address

Chorus 1 parents: please fill out the Emergency Contact form on the reverse of this page





_____, _____
Student Last Name

Student First Name

Emergency Contact information (2023-2024 Authorization)

Student's Full Legal Name: _____

Emergency contact #1: Name: _____ phone number: _____
Circle one: home mobile work

Emergency contact #2: Name: _____ phone number: _____
Circle one: home mobile work

Date of Birth: _____ Sex (circle one): F M

Information for Medical Treatment

Physician's Name: _____ Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____ Group #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

NON-PRESCRIPTION MEDICATION AUTHORIZATION Please check the over-the-counter/non-prescription medications listed below that field trip chaperones may administer to your child as directed on the label:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Hydrocortisone cream | <input type="checkbox"/> Tums | <input type="checkbox"/> Advil/Ibuprofen |
| <input type="checkbox"/> Neosporin | <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Tylenol/acetaminophen |
| <input type="checkbox"/> Aloe vera gel | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Aleve/naproxen sodium |

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Mr. Byron Davis and/or his designee (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. This authorization is effective through May 31, 2024.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date