

Central Magnet School
Senior Class Field Trip
September 22, 2023

The Senior class will be taking a field trip to Dollywood in Pigeon Forge, TN on Friday, September 22, 2023. We will leave Central Magnet School at 6:00 a.m. and travel by school buses and return to school at 11:00 p.m. The cost of the trip is \$95.00 which includes the ticket to Dollywood and the bus. You may want to bring extra money, dry clothes, snacks, towel, sunglasses, and other optional items. You may want dry clothes especially for the ride home and snacks! We plan to stop at Buccee's on the way home for restroom break and snacks. **Please sign and return the permission form below, with the money, and the notarized copy by Wednesday, September 13th to AMY GUTHRIE** in the attendance office. Mrs. Mathis, our school administrative assistant, that works in the front office will be able to notarize your field trip permission form if that is convenient for you. Your parents must be present to sign the form to be notarized.

Thank you and I am looking forward to a great day with a wonderful class of students!

Amy Guthrie, Assistant Principal
guthriea@rcschools.net
904-6789 ext 23303

_____ has my permission to participate in the Senior Class field trip on Friday, September 22, 2023, from 6:00 a.m. until 11:00 p.m. I understand that all school rules apply.

Parent's signature _____

*Attached notarized form _____

Rutherford County Schools
Travel Permission and Emergency Medical Release Form

Name of Student: _____

Home Address: _____

Home Phone: _____

Father's Name and Work: _____

Work Phone: _____

Mother's Name and Work: _____

Work Phone: _____

If neither parent can be reached call: _____

Relationship: _____ Phone: _____

Name of Student's Physician: _____

Phone: _____

Are there medical problems, allergies or other information the teacher should know about in order to make the trip safer and better for your child? Yes _____ No _____

If yes, give details: _____

Medications in use: _____

Date of last tetanus shot: _____

My child may _____ may not _____ take Tylenol.

Health Insurance Company: _____

Policy Number: _____

_____ has my permission to travel with

(Name of Student)

_____ during _____ In case of need, I grant

(School Group)

(Date/s of travel)

my permission for my child to be treated by a health care professional in my absence.

(Parent's Signature)

(Date)

Before me, a Notary Public, in and for Rutherford County, Tennessee, personally appeared _____, with whom I am acquainted and who acknowledged the completion of this instrument.

Witness my hand and official seal of office on this the _____ day of _____, 20____.

COMMISSION EXPIRES

NOTARY PUBLIC