



Permission Form for Field Trips
2023-2024

I hereby give my child _____, in grade _____ permission to participate in Grymes Memorial School field trips.

_____ Date

_____ Parent Signature

Grymes Memorial School Student Registration/Emergency Medical Form 2023-2024

Name _____ Grade _____ DOB _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

PICK UP PERSONS:

Father/Guardian Father's Employer Work Phone

Mother/Guardian Mother's Employer Work Phone

Other Phone Other Phone

Medical Information

List any allergies the student may have (include medications) _____

List any medications student takes every day or seasonally _____

(Any medication taken at school must be kept in the school office and in the original container) Grymes Memorial School requires that prescription and non-prescription drugs (including vitamins and aspirin) may be given to a child only with a parent's or guardian's written consent. Please list drugs and medications that GMS may administer: (e.g., Ibuprofen, Tylenol, Tums, Pepto Bismol, Cough Drops, Benadryl)

_____ Date

_____ Signature of Parent or Guardian

OVER

Family Doctor _____ Doctor's Phone Number _____

Family Dentist _____ Dentist's Phone Number _____

Insurance Provider _____ Policy Number _____

Grymes Memorial School Emergency Medical Authorization

In the event of serious accident or illness, I request the school to contact me. If I cannot be reached, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility of payment for services rendered.

In the case of an accident or illness where immediate treatment of my child is not needed, but where (s)he is unable to remain in school, I request that the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact either, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child. Grymes Memorial School DOES NOT provide benefits for injuries.

Date

Signature of Parent or Guardian