



Permission Form for Field Trips
2021-2022

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 2020-2021

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, Benardryl)

Date

Signature of Parent or Guardian
OVER