

**Dawson Middle School
Student Waiver**

I, _____, hereby grant permission
(please print)

for my child, _____, to
(please print)

participate in the Helping Hands trip on November 17, 2017. I understand that this is a school-sponsored trip, and my child will be accompanied by and under the direct supervision of school personnel. I agree that the school and/or school personnel are not to be held liable for damages caused by my child or any accident or injury sustained by said child.

I hereby authorize Carroll Independent School District to seek emergency medical attention for my child in the event that the parent or guardian cannot be reached.

Signature of Parent or Guardian: _____

Telephone - Home: _____ Work: _____ Cell: _____

Insurance Company and Group number: _____

Emergency Number (other than parent): _____

Please indicate any medical history - allergies, medication etc

**Please have your student return this form to the front office no later
than Monday, November 13, 2017**

**For your convenience, you may also fax this to 817-949-5555 or email
completed form to Trilby.lavender@southlakecarroll.edu**