

## Dawson Middle School Student Waiver

I, \_\_\_\_\_, hereby grant permission for my child, \_\_\_\_\_, to participate in the Circle of Friends Lunch Out on \_\_\_\_\_ to \_\_\_\_\_.

I understand that this is a school sponsored trip and my child will be accompanied by and will be under 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 understand that my child is responsible for returning this permission slip and must have enough money for his/her own lunch at either Chick-fil-A or Taco Bueno in order to participate in this trip. I also understand that the group will be walking to the restaurant and will be accompanied by school staff. If the weather is bad on the designated day, the trip will be postponed until the following day, weather permitting.

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.

---

---

---