STUDENT NAME_____/_____
Please Print: LastName / First Name

ADDENDUM III

STUDENT EMERGENCY INFORMATION/WAIVER – 2008-2009 School Year
CARROLL SENIOR HIGH AND HIGH SCHOOL BAND/COLORGUARD

I hereby grant permission for my child **(Please print)**_____
to participate in and attend school-sponsored activities throughout the **2008-2009** school year.
I understand that during summer and fall marching season, during any band activities outside the school day and when there is a school-sponsored trip such as a contest, my child will be accompanied by and will be 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 the Carroll Independent School District to seek emergency medical attention for my child in the event the parent or guardian cannot be reached.

Parent Signature **Date**

Emergency Contact Phone Numbers

Father/Guardian_____Home Phone #_____

Cell Phone #_____ Work Phone #_____

Mother/Guardian_____Home Phone #_____

Cell Phone #_____ Work Phone #_____

Other Contact _____Home Phone #_____

Relationship to Student:_____Work Phone #_____Cell Phone #_____

Primary Insurance Holder:_____Occupation:_____Employer:_____

Ins. Company:_____Policy #:_____Group#_____

Ins. Company Phone #:_____

Health Information

Drug Allergies:_____Other Allergies_____

Special Condition(s):_____

Current Medications (please specify dose & frequency): _____