

Carowinds Permission Form and Health Information

Please fill out and return with your \$50 Deposit (checks made out to CJHS Band)

DUE DATE: November 30th, 2017

Student Name: _____

Parent Name: _____

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I would like to Chaperone (please check box
and include \$50 deposit for yourself)

Emergency Contact Cell Phone Number: _____

Address: _____

Insurance Company: _____ Group # _____

Insurance Phone Number: _____ Medicaid #: _____

Medical Conditions we should know about, including Medications and Allergies:

BY SIGNING THIS PERMISSION FORM I GIVE CARROLLTON CITY SCHOOLS MY PERMISSION TO TAKE MY SON / DAUGHTER ON THIS FIELD TRIP. I HAVE PROVIDED INFORMATION ABOVE IN CASE THERE IS AN EMERGENCY SITUATION.

Parent Signature: _____ Date: _____

