

## Carowinds Permission Form and Health Information

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

**DUE DATE: November 30<sup>th</sup>, 2017**

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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:

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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: \_\_\_\_\_

