



STUDENT PERMISSION FORM

I hereby grant permission for my child _____ to participate in and attend a school-sponsored activity on **Tuesday, May 21, 2024**.

Students will be going to the **Elise Cerami Aquatic Center**.

I understand that when there is a school-sponsored activity, 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 Carroll Independent School District to seek emergency medical attention for my child in the event the parent or guardian cannot be reached.

Parent or Guardian (please print)

Signature

Mailing Address

City/ State

Zip Code

Telephone Number

Insurance Company

Policy and/or Group #

Please indicate any allergies, medications, etc.:

According to HB 59: Child Water Safety, requires the child's parent/guardian to affirm in writing whether the child is able to swim or is at risk of injury or death when swimming or otherwise accessing a body of water.

_____ Yes, my student is able to swim.

_____ No, my student is unable to swim.

***If your student is unable to swim, a properly fitted personal flotation device will be provided.

