



**8<sup>th</sup> Grade Celebration Student Waiver**

I, \_\_\_\_\_, hereby grant permission for  
(please print)

my child, \_\_\_\_\_, to attend the 8<sup>th</sup> grade  
(please print)

celebration on Friday May 13, 2022 and participate in the night's activities.

I agree not to hold the school, the school personnel, the DMS PTSO, and/or CISD liable for any accident or injury to my student.

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Insurance Company and Group number: \_\_\_\_\_

Emergency Number(other than parent): \_\_\_\_\_

Please indicate any medical history - allergies, medication, etc.

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