		class period		
Student Last Name	Student First Name			

## Field Trip Permission/Medical Release

Please print clearly

We the undersigned parent/guardian do hereby give our permission and support for our child to travel with the Dawson HS Encore Choir to choral sponsored events throughout the school year. By granting permission for our child to attend, we will not hold and Dawson staff member or adult chaperones responsible for any accidents which may occur. We do hereby give permission to Dawson staff and any other adult sponsor in possession of this form to seek and provide whatever medical attention may be necessary for the safety and protection of our child while participating or involved in any trip, activity, or school practice.

By signing below, I also release and waive, and further agree to indemnify, hold harmless or reimburse Roxan Silva and Katie McCravy against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown directly or indirectly for any losses, damages or injuries arising out of, during, or in connection with the student's participation in this trip or the rendering of emergency medical procedures or treatment, if any.

Student's Signature	Student Phone	Student ID	#	Birthday	
Address (Please Print)	Zip	Student Email			
Parent/Guardian Printed Name	Parent/Guardian Signature	Home Phone	Wk Phone	*Cell Phone*	
Parent email		Secondary email (if applicable)			
Parent/Guardian Printed Name	Parent/Guardian Signature	Home Phone	Wk Phone	*Cell Phone*	
Parent/Guardian email		Secondary email (i	f applicable)		
Insurance Carrier REQUIRED	Phone Group/Polic	y Name/Number		Name of Insured	
Doctor's Name and Number		Ē	entist's Name	e and Number	
In the case of an emergency and	we cannot be located, please n	otify:			
Name	Relation		Phone number		
Name	Relation	Phone num		number	
ANY OTHER INFORMATION THA allergies, medication, etc., continue			OF AN EMEI	RGENCY (include	