

AMERICAN PREPARATORY ACADEMY

4850 S. Pine Island Road, Davie, FL 33328 | [954] 434-8936

Field Trip Parental Permission Form

I / we _____, as the parent/guardian of
[Please Print Your Name]

_____, give permission for my son/daughter to
[Print Student Name]
participate in/attend the off-campus field trip under the direction of the administration/teacher(s)/
staff of the **American Preparatory Academy** described below.

Destination: **AMF Davie Lanes Bowling**
8200 W State Road 84

Date of event / trip: **Friday May 14th, 2010**

Departure time: **8:30 am**

Estimated return time: **11:30 am**

**FORMS MUST BE IN BY
05/13/10
NO EXCEPTIONS!**

COST \$ 15.00

**Covers: Transporta-
tion/Lunch
YES_X_NO ___**

_____ Date _____
[Signature of parent / guardian]

EMERGENCY PROCEDURE

In the event my child is involved in an accident or medical emergency and needs medical treatment during the off-campus field trip, I / we _____, as the parent/guardian

(Please Print Your Name)

of _____, give permission to the **American Preparatory**
(Print Student Name)

Academy and/or its representatives to arrange for emergency medical treatment of my child. I also realize that I will be responsible to pay for any and all charges incurred as a result of my child's treatment.

My child **has / does not have** medical insurance coverage.

(Circle One)

Insurance Carrier _____ Policy # _____

_____ Date _____
[Signature of parent / guardian]

EMERGENCY PHONE # _____