

# 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: **Lion Country Safari**  
West Palm Beach

Date of event / trip: Thursday **December 3<sup>rd</sup>, 2009**

Departure time: **8:30 am**

Estimated return time: **3:30 pm**

**FORMS MUST BE IN BY  
11/20/2009  
NO EXCEPTIONS!**

**COST \$ 20.00  
Does Not cover lunch  
Covers: Transportation/  
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 #** \_\_\_\_\_

**\*\* Please note that students will not be allowed to go on school field trips if they have make up work or incompletes. Money will not be returned.**