



I give permission for _____ to participate in a field
(Child's name)

trip to _____ on _____
(Name and Address of Destination) (Date)

We will leave the center at _____ and return at _____
(Time of departure) (Time of arrival)

Money needed: _____ Return form by: _____

Don't forget to wear your Academy t-shirt!!!

Emergency Medical Authorization/Information

If I can not be reached in the event of an emergency, I give permission for The Academy staff to provide necessary medical treatment to my child whose name is listed above.

(Please sign below to show that you agree and list your most current number(s) so that you can be contacted in the event of an emergency.)

Parent or Guardian: _____ Date: _____
(Print Name)

Parent or Guardian Signature: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____

My child's physician: _____

My child is allergic to : _____

List one emergency contact: _____

Phone #: _____