

**CENTRAL FLORIDA PREPARATORY SCHOOL**  
**P. O. Box 817**  
**Gotha, FL 34734**  
**Phone: 407-290-8073 Fax: 407-298-6443**

**FIELD TRIP PERMISSION AUTHORIZATION**

This form will remain on file for every child enrolled at Central Florida Preparatory School. No child will be allowed to leave the school unless parental/guardian permission is given.

I give my permission for my child \_\_\_\_\_ to participate in any field trip that his/her class takes unless I note otherwise in writing. I understand that I will be notified in advance of any field trip.

\_\_\_\_\_  
Parent or Guardian

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**MEDICAL EMERGENCY AUTHORIZATION**

I/We, \_\_\_\_\_, of \_\_\_\_\_  
City of \_\_\_\_\_, County of \_\_\_\_\_ State of \_\_\_\_\_, am/are the  
parents/guardians of \_\_\_\_\_, a minor, age \_\_\_\_\_ born \_\_\_\_\_, who  
resides with me/us at the address set forth above.

In case of emergency, I/we authorize any representative of Central Florida Preparatory School, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

*Notary*

I hereby certify that \_\_\_\_\_, who is known personally to me or  
presented the following photo identification: DL, Passport, or Military # \_\_\_\_\_,  
has appeared personally before me, \_\_\_\_\_, a notary public in the State of Florida,  
County of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

Notary Seal: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature