

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

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 **(Please sign in front of Notary)**

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