



219 N. 13th Street ~ Leesburg, FL 34748

(352) 787-7762

www.firstacademyonline.com

Athletic/Academic Trip Permission Form

I give permission for _____ to attend

_____ trip(s) transported by bus for the following date(s) listed below. Coaches, teachers, staff or adult chaperones associated with First Academy may obtain emergency and/or life saving medical treatment necessary for my child. I understand that on any sports trip or activity there may be risks associated with the activity that could result in injury or death. I acknowledge that I am willing to assume these risks in order for my child to attend this activity. I understand that this permission does not absolve the school from reasonable supervision.

DATE	COURSE/CLASS or TEAM	PLACE	TIME

Parent Signature: _____ Date: _____

Emergency Phone Number(s): _____

To better provide for the safety and well being of our students, please list any possible special needs or medical information the field trip supervisor should be aware of:

Trip approved by: _____ Administrator _____ Athletic Director _____ Counselor

Last period teacher(s) _____ (for athletic team dismissal)

All teachers' initials required where class will be missed part or all of the period

1st pd. 2nd pd. 3rd pd. 4th pd. 5th pd. 6th pd. 7th pd.