



# Forest Lake

EDUCATION CENTER

## Field Trip Permission Form

Student Name: \_\_\_\_\_

Trip to: AdventHealth Orlando - Creation Conference Center 601 E. Rollins Avenue, Orlando, Florida 32803

Trip Date: Thursday, April 17, 2025

Departure: 8:00 am Return: 3:00 pm

Transportation: FLEC Bus – load bus in back

Sponsor: Marina Acevedo, Advanced Innovations Teacher

My child has permission to go on the aforementioned trip. I understand the arrangements and give permission for my child to attend.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date

In the event of a sudden illness or accident requiring attention, I give permission for FLEC personnel to obtain emergency medical services for my child. During the trip, I can be reached at the following number(s):

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Please indicate any medical problems, allergies, or medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date