



Location: Busch Gardens, Tampa Bay

Date: Friday, May 3, 2013

Time: 4:00 p.m.-12:00 a.m.

Travel: From LLT to Busch Gardens Provided

****Parents responsible for pick up from Busch Gardens****

Price: \$60.00- Transportation & Admission to Grad Nite (dinner included)

DEADLINE TO REGISTER: Friday, February 22, 2013

Student Name: _____

Parent Name: _____ phone: _____

Cash _____

Check _____ # _____

Checks payable to LLT Academy



Contact Teacher: Mr. Smith 813-234-0940

Email: tsmith@lltacademy.com



Field Trip Waiver & Medical Authorization

Student: _____ HR Teacher: _____

Grade: 8

Destination: Busch Gardens

Date: May 3, 2013

Times: 4:00 p.m.- 12:00 a.m.

Transportation: From LLT to Busch Gardens provided via charter bus

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of attending physician, surgeon, or dentist and performed by or under supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I understand that I hold LLT Academy, its officers, agents, employees, the School District of Hillsborough County or the State of Florida harmless from any and all liability, financial, or legal, or claims, which may arise out of or in connection with my child's participation in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the activity. Any violation of these rule and regulations may result in that individual being sent home at his/her parent's expense.

Family Medical Insurance: _____

Address: _____

Policy #: _____

Phone: _____

Doctor Name: _____

Phone: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Student: _____

Date: _____

Address: _____

Phone: _____

In Case of Emergency During the trip, please contact: _____ @ # _____

A special note to Parents/Guardians: (1) All medications must be registered on this form; (2) medications, except those which must be kept on the students person for emergency use, must be kept and distributed by the staff; (3) Check here if there are no special problems that the staff should be aware of and no medications are required on this trip; (4) If any medications are to be taken by student, list them here: _____

If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.