



**WINTER HAVEN ADVENTIST ACADEMY**  
 AN ACCREDITED SEVENTH-DAY ADVENTIST CHRISTIAN SCHOOL  
 PO Box 7169 ~ Winter Haven, FL 33880 ~ (863) 299-7984  
<https://winterhaven22.adventistschoolconnect.org/>



**Adventist Education**  
 A JOURNEY TO EXCELLENCE

**FIELD TRIP PERMISSION FORM**      **SCHOOL YEAR** \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

I, \_\_\_\_\_, hereby give  
 (Parent's Name)

permission for my child, \_\_\_\_\_,  
 (Student's Name)

to go on school sponsored field trips. I understand that I will be notified of each event, and that the students will be well supervised at all times. I do not hold the school and/or staff liable, except as covered by insurance.

Parent/Guardian signature: \_\_\_\_\_

Please print name: \_\_\_\_\_

Contact numbers (home, cells, work, etc.)

\_\_\_\_\_  
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