



**8<sup>th</sup> Grade Annual Field Trip**  
**Islands of Adventure/Universal Studios**  
**Emergency Card/Parental Permission/Medical Release**

DATE
AMT PD
CASH/CHECK #

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Student Name	Homeroom Teacher	Shirt Size
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GAMBLE ROGERS MIDDLE SCHOOL

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School/Organization

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Name of Parent/Guardian

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Primary Phone Number	Secondary Phone Number	(if applicable)
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IN CASE PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

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Name	Relationship
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Primary Phone Number	Secondary Phone Number (if applicable)
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PLEASE LIST ANY MEDICAL PROBLEMS, ALLERGIES AND/OR CURRENT MEDICATIONS

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I, \_\_\_\_\_ give my permission for my child, \_\_\_\_\_ to attend the 8<sup>th</sup> grade field trip to **Islands of Adventure/Universal Studios in Orlando, Florida on Friday, May 8, 2020**; Leaving the school at 1:00pm and **returning to Gamble Rogers Middle School at 2:15 am.**

I authorize a school representative to act on my behalf, if medical attention is necessary. In the event of an accident or illness, I authorize medical treatment for my child under the advice of a certified physician, if I cannot be reached.

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Parent/Guardian Signature	Date
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**Return this form and your Gradventure payment, \$170.00 or \$85.00 deposit, by February 28, 2019.**

Make electronic payments via the following link: <https://www.schoolpay.com/link/GRMS-Gradventure2020>

Spots are limited. A waiting list will be created after the first 200 payments have been received.

Signature above indicates knowledge of and agreement with the attached permission letter.

**Please keep the attached permission letter for future reference.**