



# Atlantis Academy – Coral Springs

11411 NW 56 Drive  
Coral Springs, FL 33076



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## “Shadow Day” Permission Form

I hereby give permission for my child, \_\_\_\_\_, to spend today,  
\_\_\_\_\_ at Atlantis Academy, Coral Springs.  
Date

### Parent/Legal Guardian Information:

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

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Emergency Contact other than Parent/Legal Guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Physician/Insurance Information:

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies: (please be specific) \_\_\_\_\_

Medication Taking (indicate medication name/reason) : \_\_\_\_\_

We here at Atlantis strive to create and maintain a safe environment in which our students enjoy their education. Although we do not anticipate any risk to your child's safety we ask that you sign the release below allowing us to protect your child and provide transport for any necessary medical treatment in case an emergency should occur.

I certify by my signature that all statements on this form are correct and that I have full authority to sign this form for the child named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician indicated above or selected by the adult in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. I understand that my child may become injured or ill while participating in a school day, for any number of reasons, therefore the school disclaims and the parent releases the school from all liability, including medical costs, other than for liability for intentional acts or gross negligence.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date