

**THE SCHOOL BOARD OF POLK COUNTY, FLORIDA
FIELD TRIP PERMISSION FORM
(ONE TIME TRIP USE)**

TO WHOM IT MAY CONCERN:

_____ has permission to participate in
Name of student
the school-sponsored field trip being taken by _____

_____ on _____
Name of Organization/Group Date of Trip

to _____
Destination of Field Trip

As parent/guardian I acknowledge the following:

1. School officials are authorized to obtain emergency medical treatment for this student as necessary.
2. The School Board has made available to this student the opportunity to purchase student accident insurance.
3. I will not hold the School Board liable for injury to this student during this field trip.

(Signature of parent/guardian) Date

NOTE: FOR ALL OUT- OF- COUNTY TRIPS, A NOTARIZED MEDICAL TREATMENT AUTHORIZATION FORM MUST ALSO BE AVAILABLE. IT SHOULD BE COMPLETED PRIOR TO THE STUDENT'S FIRST OUT-OF-COUNTY TRIP AND RETAINED FOR THE REMAINDER OF THE SCHOOL YEAR.