

**Polk State College Charter High School  
Field Trip/Off Campus Permission Form  
Medical Treatment Authorization Form**

Student Name: \_\_\_\_\_ Student Cell #: \_\_\_\_\_  
Purpose of Trip: \_\_\_\_\_ Date: \_\_\_\_\_  
Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
Destination: \_\_\_\_\_ Method of Transportation: \_\_\_\_\_  
Adult Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**To Whom It May Concern:**

- I, the undersigned, being the Parent/Guardian of \_\_\_\_\_  
Name of Student  
give my permission for my child to participate as specified. I hereby authorize any necessary medical treatment for this student while off campus or while participating in a field trip conducted under the sponsorship of Polk State College Charter High School, during \_\_\_\_\_ school year. I guarantee payment of all medical charges incurred.
- I will not hold Polk State College Charter High School liable for injury to the above-named student during sponsored field trips.

\_\_\_\_\_ My child has permission to drive.  
\_\_\_\_\_ My child may ride with \_\_\_\_\_.  
\_\_\_\_\_ My child may transport \_\_\_\_\_ students.

Parent/guardian signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION- (Parent: Please Print)**

Allergies to food, medications, etc. (If none, so state) \_\_\_\_\_

Special Medical Problems (If none, so state) \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_

Location of Physician Office: \_\_\_\_\_

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

Please print name and address of parent/guardian signing this form: \_\_\_\_\_

Parent or Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Insurance Information (if none, so state)

\_\_\_\_\_ Insurance Company Name

\_\_\_\_\_ Policy No. or Group Identification

Notary  
signature  
required  
Yes \_\_\_\_\_  
No \_\_\_\_\_

State of Florida, County of \_\_\_\_\_ I hereby certify that the foregoing was  
executed before me on this \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public, State of Florida