



## EDUCATIONAL TALENT SEARCH

### FIELD TRIP PERMISSION FORM

*A TRiO Project Fostering Post-Secondary Educational Opportunities*

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student's ID: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in Polk State  
(Print Student's Name)

College/Educational Talent Search field trip(s) during the **2024-2025** school year.

As parent/guardian, I acknowledge the following:

1. Polk State College/Educational Talent Search officials are authorized to obtain emergency medical treatment for student as necessary.
2. I will not hold Polk State College officials liable for injury to my student during trips / activities. sponsored by the Educational Talent Search program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Daytime Phone Number

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Student Phone: \_\_\_\_\_

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

**\*\*\*FAXED COPIES OF THIS FORM ARE NOT ACCEPTED\*\*\***

**Please return this form to:**

**Polk State College, Educational Talent Search, 999 Avenue H NE, Winter Haven, FL 33881-4299**

Phone: 863.297.1097 Fax: 863.297.1060

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# MEDICAL TREATMENT AUTHORIZATION FORM

## TO WHOM IT MAY CONCERN:

I the undersigned parent/guardian of \_\_\_\_\_ hereby authorize any necessary  
(Print student's name)  
medical treatment for this student which might occur while student is participating in field trips conducted under the sponsorship of Polk State College/Educational Talent Search program, during the **2024-2025** school year. I also guarantee payment of all charges incurred as a result of this medical treatment.

## INFORMATION

Allergies: to food, medication, etc. (If yes, please state so.) \_\_\_\_\_

Special medical conditions: (If yes, please state so.) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy # or Group Name: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

*Street address (include suite #)*

*City*

*State*

*Zip Code*

\_\_\_\_\_  
**Parent's Signature (sign in notary's presence)**

\_\_\_\_\_  
**Date**

## NOTARY STATEMENT

State of Florida, County of \_\_\_\_\_

I hereby certify that the foregoing was executed before me this \_\_\_\_\_ day of \_\_\_\_\_

by \_\_\_\_\_ who is personally known to me or has produced.

\_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Notary Public

**This form must be properly notarized and the emergency medical information above must be completed before the student can participate in any field trip activity.**