



## 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 **2015-2016** 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 **2015- 2016** 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 \_\_\_\_\_ 20\_\_

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 student can participate in any field trip activity.**

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services and activities.