

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

TO WHOM IT MAY CONCERN:

_____ has my 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.During this field trip, that the School Board will not be liable for injury to this student as result of the negligence, errors, and omissions of others (i.e., charter bus owners and drivers, or amusement park owners or workers), their agents, heirs, employees or assigns either through their action or inaction.
- 4.If your child takes personal belongings on this field trip, he or she will be responsible for them. The School Board accepts no responsibility for personal items, such as watches, purses, money, cameras, and wallets, etc. If a student stores personal items in a locker at an amusement park, that entity may be responsible for any loss or damage.

(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.