

**BIRO AMINISTRASYON KI NAN SEKSYON POLK KI NAN FLORIDA
FÒM OTORIZASYON POU TRETMAN MEDIKAL**

A GNON MOUN KI KONSÈNÉ:

Mwen se Paran/Gadyen déziyé de _____ Mwen bay otorizasyon mwen pou ninpòt

(Non Eudyen-An)

tretman medikal ki necèsè pou etidyan sa pandan lap paticipé nan vwayay kap fet sou reskonsabilité

_____ Diran _____ Ané Lekòl avèk

Non Lekòl La

Garanti pèyeman pou tout chaj ki rivé akòz rezilta tretman medikal ki bay la.

INFÒMASYON:

ALÈJI AK MANJÉ, MEDIKAMAN, ETC. (Si pa ginyin, déklaré.) _____

KONDISYON MEDIKAL ESPÉSIAL (Si pa ginyin, déklaré) _____

DOKTÈ FANMYE _____

ADRÈS OFIS LI _____ LIMÉRO TELÉFÒN LI _____

PARENT/GUARDIAN NAME _____

Silvousplè Printé

PARAN/GADYEN ADRÈS LAKAY _____

TÉLÉFÒN LAKAY _____ Adrès Lari ya

TELEFÒN KOTÉ YO TRAVAY _____ City

Non Asirans Konpayi_an _____ Liméro Polési ou Liméro Group _lan.

SENYATI PARAN /GADYEN _____ DAT _____

STATE OF FLORIDA, COUNTY OF POLK

I hereby certify that the foregoing was executed before me this:

_____ day of _____ 20____, by _____

who is: _____ personally known or _____ who has produced _____

_____ as identification.

Notary Public, State of Florida

THIS FORM IS TO BE USED FOR ALL OUT-OF-COUNTY FIELD TRIPS EXCEPT ATHLETIC ACTIVITIES. THE FORM SHOULD BE COMPLETED PRIOR TO THE STUDENTS FIRST OUT-OF-COUNTY TRIP AND RETAINED ON FILE FOR THE REMAINDER OF THE SCHOOL YEAR.