THE SCHOOL BOARD OF POLK COUNTY, FLORIDA
BLANKET FIELD TRIP PERMISSION FORM

TO WHOM IT MAY CONCERN:

______________________________ has my permission to participate in all
Name of student
field trips to be taken by ____________________________
Name of organization/group
during the ________________ school year. 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

NOTES:

1. THIS BLANKET FORM MAY BE USED FOR TRIPS OF A SIMILAR NATURE, WHICH
ARE REPEATED DURING THE SCHOOL YEAR.

2. FOR ALL OUT-OF-COUNTY TRIPS, A NOTARIZED MEDICAL TREATMENT
AUTHORIZATION FORM MUST ALSO BE AVAILABLE. THE MEDICAL FORM
MUST BE COMPLETED PRIOR TO THE STUDENT'S FIRST OUT-OF-COUNTY TRIP
AND SHOULD BE RETAINED FOR USE DURING THE REMAINDER OF THE
SCHOOL YEAR.