



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

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.