Form No. TRNS 0082 Appendix A

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.