



**THE SCHOOL BOARD OF POLK COUNTY, FLORIDA  
MEDICAL TREATMENT AUTHORIZATION FORM**

TO WHOM IT MAY CONCERN:

I the undersigned parent/guardian of \_\_\_\_\_ hereby authorize any necessary  
medical treatment for this student while participating in field trips conducted under the sponsorship of

Lake Region High during the 2007-2008 school year and  
Name of School

guarantee payment of all charges incurred as a result of this medical treatment.

INFORMATION:

ALLERGIES TO FOOD, MEDICATION, ETC. (If none, so state.) \_\_\_\_\_

SPECIAL MEDICAL CONDITIONS (If none, so state.) \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_ PHONE NO \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

Please Print

PARENT/GUARDIAN HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ Street Address

WORK PHONE \_\_\_\_\_

City

Insurance Company \_\_\_\_\_ Policy No. or Group No. \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
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 STUDENT'S FIRST  
OUT-OF-COUNTY TRIP AND RETAINED ON FILE FOR THE REMAINDER OF THE SCHOOL  
YEAR.