

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 **Lawton Chiles Middle Academy** during the **2009-2010** school year and 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 \_\_\_\_\_ Phone # \_\_\_\_\_  
Office address \_\_\_\_\_

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 \_\_\_\_\_ 20\_\_\_\_,  
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.