

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

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ has my permission to participate in all field trips to be taken by  
Name of student

**Bartow High School Academic Team** during the **2024-25** 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.

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I hereby give permission for my son/daughter, \_\_\_\_\_, to ride with Chris Guice and Peggy Frisbie in their Polk County School Board-approved personal vehicles for the purpose of traveling to competitions of the Bartow High School Academic Team during the 2024-25 school year.

parent/guardian signature \_\_\_\_\_

parent/guardian name, printed \_\_\_\_\_

date \_\_\_\_\_