

2026-2027

Field Trip Medical Treatment Authorization Form
(This form must be notarized)

To whom it may concern:

I, the undersigned parent/guardian of _____ hereby authorize any necessary
(Name of Student)

medical treatment for this student while participating in field trips conducted under the sponsorship of The Roberts Academy at Florida Southern College during the **2026-2027** 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 MEDICATION CONDITIONS (If none, so state.) _____

FAMILY PHYSICIAN: _____

OFFICE ADDRESS: _____ PHONE NO: _____

PARENT/GUARDIAN NAME: _____
(Please Print)

PARENT/GUARDIAN HOME ADDRESS _____
(Street Address)

(City/State)

HOME PHONE _____

WORK PHONE _____

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 FIELD TRIPS. THE FORM SHOULD BE COMPLETED BEFORE THE STUDENT'S FIRST FIELD TRIP AND RETAINED ON FILE FOR THE REMAINDER OF THE SCHOOL YEAR.