THE ROBERTS ACADEMY
AT FLORIDA SOUTHERN COLLEGE

# 2023-2024 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 2023-2024 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.)_____

_____

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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 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.***