

PARENTAL FIELD TRIP PERMISSION

School: Gainesville High School Teacher: Leigh Larsen and Maggie Paxson Grade: 9th to 12th

Date: 2020-2021 School Year

Permission is requested for your son/daughter to go on a field trip to Various areas around the City of Gainesville, FL.

with his/her class on Various dates. We will leave the school at _____ () a.m. () p.m.

We will return to school on _____, 20 ____ at _____ () a.m. () p.m.

***Emergency Phone:** Daytime _____ Evening _____ Other _____

If your son/daughter has permission to go on this trip, please sign below.

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son or daughter if medical attention is needed.

METHOD OF TRAVEL:

School Bus _____

City Bus _____

Walking _____

Private Vehicle X _____

Driver: _____

Other: _____
(Specify)

Student Name (Please Print)

Signature of Parent or Guardian

***Your student cannot go on the trip unless emergency phone number(s) are listed.**