

Alachua County Public Schools  
Curriculum Division  
620 East University Avenue  
Gainesville, Florida 32601

Parental Field Trip Permission

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Permission is requested for your son/daughter to go on a field trip to:

(Location) \_\_\_\_\_

(Date) \_\_\_\_\_ 20\_\_

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 / Name of 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.**