

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

Parental Field Trip Permission

School: Gainesville High School Teacher: Coach Huelsman Grade: WP Date: 2019/2020 School Year

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

(Location) Water Polo Matches

(Date) TBD Spring 2020 20

We will leave the school at TBD a.m. p.m.

We will return to school on TBD, 20
at TBD 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: TBD
 Other / Specify: Team Van's

Student Name (Please Print) _____

Signature of Parent or Guardian _____

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