



## Physicals Transportation Consent Form 2025-2026

I, parent / guardian, give my permission for \_\_\_\_\_

Student's Name (First & Last)

to be transported via school bus to the pre-participation physical screening on the 7th of May 2025 at Gainesville High School.

Please understand that while student safety is a high priority for the district, under state law, the school and/or district employees are not responsible for medical costs associated with a student injury. All precautions will be taken to prevent any accident while on excursions.

**I have read and understand this acknowledgement form.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

***A parent or legal guardian must sign this consent form before the student will be allowed to travel on the bus.***