

Exhibit A

Student Travel Authorization

COLLIER COUNTY PUBLIC SCHOOLS

I, the undersigned parent or legal guardian of	•
	Name of Student
grant permission for my child or ward to travel t	to all GCHS Band Functions for the 2023-2024
school year sponsored by the Gulf Coast High So	chool Band.
I understand the students are scheduled to dep	art at dates, times and locations listed on the
official band calendar found at gchsharkband.cc	om and on our band's app.
I understand, acknowledge and agree that: The	School Board of Collier County, Florida, will
provide for reasonable supervision of students	within its care and control. The supervision
will be consistent with the ages of the studen	ts. However, the School Board is not an insurer
of the safety of the students nor can it supervis	e all movements of all students at all times. In
addition, there are certain risks inherent in	travel and at the destination. I further
understand that an employee or volunteer has	s no personal liability unless he or she has
acted recklessly, wantonly, or intentionally to in	njure my child.
Signature of Parent or Legal Guardian	Date
Printed Parent/Guardian Name	Emergency Contact Phone Number