

# Medical Authorization Slip for Educational Excursion

## Student Information

Full Name:

Grade/Section:

Date of Birth:

Age:

Parent/Guardian Name:

Contact Number:

## Excursion Details

Destination:

Date of Excursion:

Time:

## Medical Information

Known Allergies/Medical Conditions:

Medications (if any):

Emergency Contact Name & Number:

## Authorization

I hereby authorize the school and excursion organizers to obtain necessary medical treatment for my child in case of illness or emergency during the excursion.

\_\_\_\_\_  
Parent/Guardian's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

Date \_\_\_\_\_

