

School Field Trip Participant Waiver

School Name: _____

Trip Destination: _____

Date(s) of Trip: _____

Student Name: _____

Parent/Guardian Information

Name: _____

Phone Number: _____

Email: _____

Emergency Contact

Name: _____

Relationship to Student: _____

Phone Number: _____

Medical Information

Allergies or Medical Conditions:

Medications (if any):

Waiver and Release of Liability Agreement

I, the undersigned parent/legal guardian, understand that participation in the above field trip involves some risk of injury. I acknowledge that all reasonable precautions will be taken for the safety and well-being of my child. By signing below, I hereby release and hold harmless the school, its employees, agents, and volunteers from any and all liability, claims, or demands resulting from my child's participation in this field trip.

I authorize the supervising adults to obtain emergency medical treatment for my child should it become necessary during the trip. I agree to be responsible for any medical expenses incurred.

Parent/Guardian Signature:

Date: _____

Print Name: _____

