

School Trip Transportation Consent Form

Student Information

Student Name

Grade/Class

Date of Birth

Trip Details

Trip Name/Destination

Trip Date

Mode of Transportation

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email

Medical Information

Please list any medical conditions, allergies, or medications required

Consent

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I give permission for my child to participate in this school trip and to travel by the specified transportation. In case of emergency, I authorize the supervising staff to seek necessary medical attention.

Parent/Guardian Signature

Date