

# 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

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

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Date

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