

Parental Consent Form for Student Field Trip

School Name:

Student Name:

Grade/Class:

Field Trip Destination:

Date of Field Trip:

Purpose of Trip:

Medical Information

Allergies or Medical Conditions:

Emergency Contact Name:

Emergency Contact Phone:

Consent & Authorization

I hereby give permission for my child to participate in the above-mentioned field trip. I authorize the supervising staff to seek emergency medical treatment for my child if necessary. I understand and accept the terms and conditions set by the school regarding this activity.

Parent/Guardian Name:

Signature:

Date:

