

# Parental Consent Form for Student Field Trip

School Name:

Enter school name

Student Name:

Enter student name

Grade/Class:

Enter grade or class

Field Trip Destination:

Enter destination

Date of Field Trip:

Purpose of Trip:

Describe the purpose of the trip

## Medical Information

Allergies or Medical Conditions:

List allergies or relevant medical conditions

Emergency Contact Name:

Enter contact name

Emergency Contact Phone:

Enter 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:

Enter parent or guardian name

Signature:

Sign here

Date:

