

# Botanical Garden Class Trip Consent Form

## Trip Information

**Destination:** City Botanical Garden

**Date of Trip:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_

**Return Time:** \_\_\_\_\_

Student Name

Grade

Homeroom Teacher

## Parent/Guardian Contact

Parent/Guardian Name

Phone Number

## Medical and Emergency Information

Allergies or Medical Conditions

Emergency Contact (if different)

Emergency Phone

☐ I give permission for my child to participate in the Botanical Garden class trip and authorize emergency medical care if necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date