

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