

Science Museum Field Trip Consent Form

Student Name:

Grade:

Teacher Name:

Trip Information

Destination:

Date:

Departure Time:

Return Time:

Additional Information:

Medical Information

List any allergies, medications, or health concerns:

Parent/Guardian Consent

I give permission for my child to attend the Science Museum field trip and participate in all related activities. I understand that reasonable care will be taken to ensure my child's safety.

Yes, I consent No, I do not consent

Parent/Guardian Name:

Signature:

Date:

Emergency Contact Name & Number:
