

Guardian Consent Document for School Camps

Student Details

Full Name of Student:

Grade/Class:

Camp / Event Name:

Camp Dates:

Guardian Details

Full Name of Guardian:

Relationship to Student:

Contact Number:

I, the undersigned, hereby give permission for my child/ward to attend the above-mentioned school camp and participate in all related activities. I understand that reasonable care and supervision will be provided by the school. I have provided all relevant medical and emergency information to the school. In the event of an emergency, I authorize the school to obtain medical attention as deemed necessary for my child.

Guardian Signature:

Date:
