

Guardian Authorization for Off-Campus Activity

Student Name:

Date of Birth:

Grade/Class:

School/Organization Name:

Off-Campus Activity/Event Name:

Location:

Activity Date(s):

Time/Duration:

Emergency Contact Name:

Relationship to Student:

Phone Number:

Medical Conditions/Allergies (if any):

Authorization Statement:

I, the undersigned legal parent/guardian, hereby authorize my child to participate in the above-named off-campus activity. I understand and accept all arrangements and will not hold the school/organization or accompanying staff responsible for any accident or injury to my child during this activity. In case of emergency, I authorize appropriate medical attention for my child.

Parent/Guardian Name (Print)

Signature

Date