

Overnight Field Trip Guardian Approval Document

Student Information

Student Name

Grade

Date of Birth

Trip Details

Destination

Departure Date & Time

Return Date & Time

Purpose of Trip

Guardian Information

Guardian Name

Contact Number

Medical Concerns / Allergies

Please specify any medical conditions or allergies:

Emergency Contact Name

Emergency Contact Number

Guardian Approval

I, the undersigned, hereby approve my child's participation in the above-mentioned overnight field trip. I understand the nature of the activity and give permission for emergency medical treatment if necessary.

Guardian Signature

Date