

Overnight School Trip Parental Consent Form

Student Information

Full Name

Date of Birth

Grade / Class

Trip Details

Trip Name / Destination

Departure Date

Return Date

Parent/Guardian Information

Parent/Guardian Full Name

Phone Number

Email Address

Medical Information

Medical conditions, allergies, or medications:

Consent

I, the undersigned parent/guardian, give permission for my child to participate in the above overnight school trip. In the event of a medical emergency, I authorize school personnel to administer necessary first aid and seek further medical assistance if required.

Parent/Guardian Signature

Date