

Parental Consent Form for School Field Trips

Please complete and return this form to the school by the specified deadline.

Student Name:

Date of Birth:

Grade/Class:

Field Trip Details

Destination:

Date of Trip:

Departure Time:

Return Time:

Teacher in Charge:

Medical Information

Allergies or Medical Conditions:

Emergency Contact Name:

Emergency Contact Phone Number:

Consent

I hereby give permission for my child to participate in the above-described school field trip. I understand the details of the activity and authorize the school's staff to take appropriate action in case of emergency.

Parent/Guardian Signature

Date