

# Private Charter School Bus Trip Consent Form

## Student Information

Student Name:

Grade:

Teacher/Homeroom:

## Trip Details

Destination:

Date of Trip:

Departure Time:

Return Time:

Purpose of Trip:

## Medical Information

Allergies or Medical Conditions:

Emergency Contact Name:

Emergency Contact Phone:

## Consent and Release

By signing below, I give permission for my child to participate in the above school bus trip. I understand and accept that the school and its affiliates are not liable for unforeseen incidents.

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Parent/Guardian Signature

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Date

