## **School Field Trip Parental Consent Form**

## **Student Information**

Student Name
Grade
Teacher
Trip Details
Destination
Date of Trip
Departure Time
Return Time
Emergency Contact
Parent/Guardian Name
Phone Number
Alternative Contact
Medical Information
Allergies or Medical Conditions

**Parent/Guardian Consent** 

hereby give consent for my child named above to participate in the school field trip described above.	
Parent/Guardian Signature	
Date	