

School Field Trip Insurance Waiver Form

Student Information

Student Name

Grade

Date of Birth

Parent/Guardian Information

Parent/Guardian Name

Email

Phone Number

Trip Details

Trip Name

Trip Date

Destination

Insurance Information

Insurance Provider

Policy Number

Medical Information

Medical Conditions / Allergies

Emergency Contact Name

Emergency Contact Phone

Waiver and Acknowledgement

☐ I hereby acknowledge and accept the risks involved in this field trip and waive the school of liability.

Parent/Guardian Signature

Date