## **STEM Club Field Trip Consent Form**

## **Student Information**

Student Name
Grade
School Name
Trip Details
The Betails
Destination
Date
Departure Time
Return Time
Additional Details
Emergency Contact Information
Parent/Guardian Name
Emergency Contact Number
Special Medical/Allergy Info

Consent
By signing below, I give permission for my child to participate in this STEM Club field trip and authorize emergency medical care if needed.
Parent/Guardian Signature
Date