

Youth Program Field Trip Consent Form

Participant Information

Name of Youth Participant

Date of Birth

Address

Parent/Guardian Name

Parent/Guardian Phone Number

Parent/Guardian Email

Field Trip Details

Trip Name/Destination

Trip Date

Meeting Location/Time

Medical Information

Allergies/Medical Conditions

Medications

Emergency Contact (if different)

Emergency Phone

Consent & Authorization

I, the undersigned, give permission for my child to participate in the field trip outlined above and authorize emergency medical care if necessary.

Parent/Guardian Signature

Date