

# Outdoor Adventure Field Trip Consent Form

## Student Information

Student Name

Grade

Teacher

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

## Emergency Contact

Emergency Contact Name

Emergency Contact Phone

## Medical Information

Allergies or Medical Conditions

Medications

**Consent & Authorization**

I, the undersigned parent/guardian, give permission for my child to participate in the Outdoor Adventure Field Trip. I understand all activities may involve inherent risks.

Parent/Guardian Signature

Date