

Space Center Field Trip Parental Consent Form

Student Information

Student Name

Grade

Teacher

Trip Details

Date of Trip

Destination

Departure Time

Return Time

Emergency Contact

Parent/Guardian Name

Relationship

Phone Number

Alternate Phone

Medical Information

Allergies, Medications, or Special Needs

Consent

I hereby give permission for my child to attend the Space Center field trip and authorize the supervising adults to obtain medical care for my child in case of emergency.

Parent/Guardian Signature

Date