

Theater Performance School Trip Consent Form

Student Information

Student Name

Grade/Class

Teacher/Group Leader

Trip Details

Date of Trip

Name of Theater/Performance

Departure Time

Return Time

Emergency Contact

Parent/Guardian Name

Phone Number

Email Address

Medical Information

Allergies, Medications, or Special Instructions

Consent

I hereby give permission for my child to participate in the described theater performance school trip and authorize emergency medical care if necessary.

Parent/Guardian Signature

Date