

Environmental Study Excursion Consent Form

Student Information

Student Name

Grade

School Name

Excursion Details

Date of Excursion

Location

Educator in Charge

Medical Information

Allergies/Medical Conditions

Emergency Contact Name

Emergency Contact Phone Number

Consent

I authorize my child to participate in the Environmental Study Excursion as described above and confirm that all provided information is accurate:

Parent/Guardian Name

Signature

Date