History Tour Parental Permission Form

Student Information

Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	Student Name
Teacher Parent/Guardian Information Parent/Guardian Name Contact Number Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	
Parent/Guardian Information Parent/Guardian Name Contact Number Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	Grade/Class
Parent/Guardian Information Parent/Guardian Name Contact Number Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	
Parent/Guardian Name Contact Number Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	Teacher
Parent/Guardian Name Contact Number Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	
Parent/Guardian Name Contact Number Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	
Contact Number Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	
Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	Parent/Guardian Name
Tour Details Date of Tour Destination Medical Information Relevant Allergies or Conditions Parental Consent	
Destination Medical Information Relevant Allergies or Conditions Parental Consent	Contact Number
Destination Medical Information Relevant Allergies or Conditions Parental Consent	
Destination Medical Information Relevant Allergies or Conditions Parental Consent	Tour Details
Medical Information Relevant Allergies or Conditions Parental Consent	Date of Tour
Medical Information Relevant Allergies or Conditions Parental Consent	
Relevant Allergies or Conditions Parental Consent	Destination
Relevant Allergies or Conditions Parental Consent	
Relevant Allergies or Conditions Parental Consent	
Parental Consent	Medical Information
	Relevant Allergies or Conditions
I the undersigned give permission for my shild to participate in the above exhaul history tour and consent to	Parental Consent
emergency medical care if necessary.	I, the undersigned, give permission for my child to participate in the above school history tour and consent to emergency medical care if necessary.
Parent/Guardian Signature	Parent/Guardian Signature

Date		