

# Science Camp Excursion Authorization Form

Student Name:

Grade/Class:

Parent/Guardian Name:

Contact Number:

Email Address:

Emergency Contact Name:

Emergency Contact Number:

Excursion Date:

Destination:

Medical Conditions/Allergies:

Special Instructions (if any):

☐ I give permission for my child to attend the Science Camp excursion and authorize school staff to seek medical attention if required.

Parent/Guardian Signature:

Date: