

Student Overnight Excursion Permission Slip

Student Information

Student Name

Grade

Parent/Guardian Name

Parent/Guardian Phone

Excursion Details

Destination

Date(s)

Planned Activities

Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

Allergies/Medical Conditions

Parent/Guardian Permission

I hereby give permission for my child to participate in the above overnight excursion and authorize the supervising adults to obtain emergency medical care if necessary.

Parent/Guardian Signature

Date