

# Art Class Field Trip Consent & Liability Form

## Student Information

Student Name

Grade

Art Teacher

School Name

## Field Trip Details

Destination

Date

Departure Time

Return Time

## Medical Information & Emergency Contact

Allergies / Medical Conditions

Emergency Contact Name

Emergency Contact Phone

## Consent & Liability Release

I, the parent/guardian of the above-named student, consent to their participation in the art class field trip. I understand that all reasonable precautions will be taken for the safety and well-being of my child. By signing below, I release the school and staff from all liability in case of accident or injury.

Parent/Guardian Name

Signature

Date