

School Excursion Consent & Liability Waiver Form

Student Information

Student Name

Grade/Class

Date of Birth

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Excursion Details

Destination

Date of Excursion

Teacher in Charge

Medical Information

Medical Conditions/Allergies (if any)

Medication Required

Emergency Contact

Emergency Contact Name

Relationship

Phone Number

Consent & Waiver

- ☐ I hereby give consent for my child to participate in the above school excursion.
- ☐ I authorize school staff to seek medical attention if necessary.
- ☐ I acknowledge and accept the risks and hereby waive any claims against the school and staff.

Parent/Guardian Signature _____ Date