

Special Needs Group Outing Consent Form

Participant Information

Name of Participant:

Date of Birth:

Parent/Guardian Name:

Contact Number:

Address:

Outing Details

Outing/Event Name:

Date of Outing:

Location:

Medical Information

Medical Conditions/Allergies:

Medications Required:

Emergency Contact Name & Number:

Consent

☐ I give permission for my child/dependent to participate in the outing described above.

☐ I authorize staff to seek medical assistance in case of emergency.

Date:

Signature of Parent/Guardian:

This form is for the exclusive use of the Special Needs Group Event described above.