

Outbound Group Trip Parent Consent Form

Student Information

Full Name

Date of Birth

School/Class

Trip Details

Destination

Departure Date

Return Date

Parent/Guardian Information

Full Name

Relationship to Student

Contact Number

Medical Information

Any known allergies or medical conditions

Emergency Contact Name

Emergency Contact Number

Consent

I, the undersigned, hereby give permission for my child to participate in the above mentioned group trip and consent to the necessary medical attention in case of emergency.

Parent/Guardian Signature

Date