

Student Travel Insurance Consent Form

Student Information

Full Name

Date of Birth

Student ID Number

Travel Details

Travel Destination

Travel Dates

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Consent

I, the undersigned, hereby consent for the student named above to participate in the described travel and to be covered by the relevant travel insurance policy. I confirm that I have read and understood the information regarding the travel insurance coverage.



I agree to the terms and provide my consent.

Parent/Guardian Signature

Date