

School Field Trip Parent Consent Form

Student Information

Student Name

Grade

Teacher

Trip Information

Destination

Date of Trip

Departure Time

Return Time

Purpose of Trip

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Consent & Medical Information

Medical conditions/allergies or medications

☐ I give permission for my child to attend this field trip.

☐ I authorize emergency medical care if necessary.

Parent/Guardian Signature

Date