

School Field Trip Parent Consent Form

Student Information

Student Name

Grade

Teacher

Field Trip Details

Destination

Date

Departure Time

Return Time

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Relevant Medical Information / Allergies

Consent



I give permission for my child to attend the field trip and authorize emergency medical care if necessary.

Parent/Guardian Signature

Date