

Science Lab Experiment Parent Consent Form

Student Information

Student Name

Grade

Teacher Name

Experiment Details

Experiment Name

Date of Experiment

Brief Description

Medical and Allergy Information

Relevant Medical Conditions/Allergies

Parent/Guardian Consent

☐ I give permission for my child to participate in the above experiment.

☐ In case of emergency, I authorize school personnel to seek medical attention as necessary.

Parent/Guardian Name

Signature

Date

Contact Information

Email

Thank you for your cooperation.