

# School Field Trip Guardianship Permission Form

## Student Information

Student Name

Grade/Class

Date of Birth

Teacher/Homeroom

## Parent/Guardian Information

Parent/Guardian Name

Contact Number

Emergency Contact (if different)

## Trip Details

Destination

Date of Trip

Purpose of Trip

## Medical Information

Medical Conditions/Allergies

Medications

## Permission & Authorization

I hereby give permission for my child to participate in the above field trip. I understand the activities and authorize the supervising school staff to obtain medical treatment in an emergency.

Parent/Guardian Signature

Date