

School Trip Guardianship Authorization Letter

To Whom It May Concern,

I, (Parent/Guardian Name), am the parent or legal guardian of (Student Name), who is a student at (School Name).

I hereby authorize (Authorized Guardian Name) to act as the temporary guardian of my child for the duration of the school trip to (Trip Destination) from (Start Date) to (End Date).

Student Information

Full Name:

Date of Birth:

Grade/Class:

Authorized Guardian Information

Full Name:

Relationship to Student:

Contact Number:

Parent/Guardian Information

Full Name:

Contact Number:

Address:

Email:

Medical and Emergency Information

Allergies/Medical Conditions:

Emergency Contact Name:

Emergency Contact Number:

I hereby grant the above-named guardian permission to make decisions regarding the health and welfare of my child during the specified period of the school trip.

Parent/Guardian Signature

Date:

Authorized Guardian Signature

Date: