

School Sports Team Overnight Trip Consent Form

Student Information

Student Name

Grade

Team/Sport

Trip Details

Destination

Departure Date & Time

Return Date & Time

Parent/Guardian Contact

Parent/Guardian Name

Phone Number

Email Address

Medical Information

Medical Conditions / Allergies

Required Medications

Emergency Contact (if different)

Consent

☐

I hereby give permission for my child to participate in the overnight trip.

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In case of emergency, I authorize medical treatment for my child.

Parent/Guardian Signature

Date