

Parental Consent Form for School Field Trip Participation

Student Information

Student Name:

Grade/Year:

Teacher/Group Leader:

Trip Information

Destination:

Date of Trip:

Purpose of Trip:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email:

Medical & Emergency Information

Medical Conditions/Allergies:

Emergency Contact Name:

Emergency Contact Phone:

Consent



I give permission for my child to participate in the school field trip described above. In case of emergency, I authorize school personnel to obtain medical treatment for my child.

Parent/Guardian Signature:

Date: