

College Club Event Trip Permission Form

Club & Trip Details

Club Name

Event/Trip Name

Date

Departure Time

Return Time

Destination / Venue

Purpose of Trip

Participant Information

Student Name

Student ID

Phone Number

Email

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Emergency Contact Number

Medical Information

Allergies / Medical Conditions

Special Instructions

I give permission for my child to participate in the above event/trip.

Parent/Guardian Signature

Date

Student Signature

Date