

Student Athlete Overnight Travel Consent

Student Information

Student Name

Date of Birth

School Name

Sport/Activity

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Trip Details

Destination

Departure Date

Return Date

Purpose of Trip

Medical Information

Allergies or Medical Conditions

Medications

Emergency Contact (if different)

Emergency Contact Phone

Consent and Authorization

I, the undersigned parent/guardian, give permission for my child to participate in the above mentioned overnight school trip. I understand and accept the terms and responsibilities involved.

Parent/Guardian Signature

Date