

School Team Overnight Trip Consent Form

Student Information

Student Full Name

Grade

Team Name

Trip Details

Trip Location

Departure Date

Return Date

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Medical Information

Relevant Medical Conditions/Allergies:

Medications (if any):

Emergency Contact (if different from parent/guardian)

Emergency Contact Name

Emergency Contact Phone

Consent and Authorization

By signing below, I give permission for my child to participate in the school team overnight trip and authorize emergency medical care if necessary.

Parent/Guardian Signature

Date