

Field Trip Parent/Guardian Consent Form

Student Information

Student Name

Grade

Teacher

Field Trip Details

Date

Destination

Purpose/Description

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Phone Number

Email Address

Emergency Contact (if different)

Contact Name

Phone Number

Medical Information

Allergies or Medical Conditions

Medications Required

☐

I give my permission for my child to attend the above field trip.

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In the event of an emergency, I authorize medical care as deemed necessary.

Parent/Guardian Signature

Date