

# School Activity Parent/Guardian Consent Form

## Student Information

Student Name

Grade/Class

Teacher

## Activity Information

Activity Name

Date(s) of Activity

Location

Additional Details

## Medical Information

Allergies or Medical Conditions

Emergency Contact Name

Emergency Contact Phone

Doctor's Name

Doctor's Phone

## Consent

☐

I give permission for my child to participate in this activity.

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I authorize emergency medical treatment if necessary.

Parent/Guardian Name

Signature

Date