

# School Field Trip Allergy Information Consent Form

## Student Information

Student Name

Grade

Teacher

## Parent/Guardian Information

Parent/Guardian Name

Contact Phone Number

Contact Email

## Allergy Information

List All Known Allergies

Describe Reactions/Symptoms

Medication/Emergency Action Plan

## Consent

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I hereby authorize school staff to take necessary actions in case of an allergic emergency during the field trip.

Parent/Guardian Signature

Date

