

School Field Trip Medical Consent for Minor

Student Information

Full Name

Date of Birth

Grade

School Name

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Emergency Contact Name

Emergency Contact Phone

Medical Information

Allergies

Current Medications

Medical Conditions

Insurance Provider

Policy Number

Family Doctor Name

Doctor Phone

Consent

I authorize school staff to obtain medical attention for my child in the event of an emergency. I understand every effort will be made to contact me first if possible.

Parent/Guardian Signature

Date