

# Parental Consent for School Trip

Student Name

Class/Grade

School Name

## Trip Details

Destination

Date of Trip

Teacher/Trip Coordinator

## Emergency Contact Information

Parent/Guardian Name

Relationship to Student

Contact Number

Alternate Contact Number

## Medical Information

Allergies or Medical Conditions

Medication Required

## Parental Consent

I hereby give permission for my child to participate in the above-mentioned school trip and authorize school staff to provide emergency medical care if necessary.

Parent/Guardian Signature

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Date

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