

School Trip Parental Consent Waiver

This form must be completed and signed by a parent or legal guardian for a student to participate in the upcoming school trip.

Student Information

Student Name

Grade/Class

Trip Destination

Trip Date(s)

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Medical Information

Please list any allergies or medical conditions we should be aware of

Emergency Contact Name & Number

Consent & Waiver

I hereby give permission for my child to attend and participate in the above school trip. I understand the nature of the trip and agree that the school, its employees, and volunteers will not be held liable for any injury, loss, or accident which may occur except due to negligence. I authorize emergency medical treatment if required.

Parent/Guardian Signature

Date

Please return this completed form to the school office before the trip date.