

Guardian Permission Waiver for Student Travel

Student Name:

Date of Birth:

Grade/Class:

Trip Information

Destination:

Date(s) of Travel:

Purpose of Trip:

Guardian Permission & Waiver

I, the undersigned, am the legal guardian of the student named above, and hereby grant permission for my child to participate in the travel described above. I understand and accept all risks associated with this activity. I waive any and all claims against the organizers, staff, and accompanying persons in the event of injury, loss, or accident.

Emergency Contact Name:

Emergency Contact Phone:

Relevant Medical Information:

Guardian Signature:

Date:

Student Signature (if required):

Date:
