

School Field Trip Parental Consent Waiver

Dear Parent/Guardian,

Please complete and sign this consent form to allow your child to participate in the upcoming school field trip. Your signature indicates your understanding and agreement to the terms outlined below.

Student Information

Student Name

Grade

Teacher

Trip Details

- **Destination:** _____
- **Date:** _____
- **Departure Time:** _____
- **Return Time:** _____

Medical Information

List any medical conditions, allergies, or medications:

Emergency Contact Name & Phone:

Waiver and Consent

I hereby give permission for my child to participate in the above-referenced field trip. I understand that all reasonable safety precautions will be taken by the school and its agents. I waive and release all claims against the school, its employees, and agents for any injury, accident, or illness incurred during the trip. In the event of an emergency, I authorize school officials to secure medical treatment for my child if I cannot be reached.

Parent/Guardian Signature

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Date

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