

Parental Medical Consent Form for School Excursions

Student Information

Student's Full Name

Date of Birth

Grade/Class

School Name

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Contact Number

Email Address

Medical Information

Does the student have any medical conditions or allergies?

Is the student currently taking any medication?
(Please list medications and dosage if applicable)

Dietary Restrictions

Emergency Contact Name

Emergency Contact Phone

Family Doctor (Optional)

Doctor's Name

Doctor's Phone

I, the undersigned parent/guardian, give permission for my child to participate in all school excursions for this year. In the event of an emergency, I authorize the school staff to obtain necessary medical treatment for my child and agree to pay any expenses incurred. The above information is correct to the best of my knowledge.

Parent/Guardian Signature

Date