

School Trip Medical Permission Slip

Student Information

Student Name

Date of Birth

Grade

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Emergency Contact Name

Emergency Contact Phone

Medical Information

Medical Conditions/Allergies

Medications (List any medications your child will need during the trip)

Physician Name & Phone (optional)

Health Insurance Provider/Policy # (optional)

Permission & Acknowledgment

I give permission for my child to participate in the school trip. I confirm that the information above is accurate. In case of emergency, I authorize school personnel to obtain medical treatment for my child as deemed

necessary.

Parent/Guardian Signature

Date