

Student Health and Safety Waiver for Trips

Student Name:

Date of Birth:

Trip Destination:

Trip Dates:

Health Information

Allergies (if any):

Medications Currently Taking:

Other Health Concerns:

Emergency Contact

Name:

Relationship:

Phone Number:

Waiver and Release

I acknowledge that participation in the above-referenced trip may involve risks, including but not limited to, those associated with travel, physical activity, and exposure to new environments. I agree to release and hold harmless the organizers, institution, and chaperones from any and all liability arising from injury, illness, or accident which may occur during this trip. I certify that all health and emergency information provided is accurate to the best of my knowledge.

Student Signature

Date:

Parent/Guardian Signature

Date:
