

# Student Travel Waiver and Consent Form

## Student Information

Student Full Name

Student ID

Date of Birth

Home Address

Parent/Guardian Name

Emergency Contact Number

## Trip Details

Trip Name / Destination

Date(s) of Trip

Purpose of Trip

## Medical Information

Relevant Medical Conditions or Allergies

Required Medications

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## Waiver and Consent

I, the undersigned, hereby give permission for my child to participate in the above described trip. I acknowledge and accept all risks associated with travel and activities and agree to hold harmless the school and its representatives. In the event of an emergency, I authorize medical care as deemed necessary by qualified professionals.

Parent/Guardian Signature

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Date: \_\_\_\_\_

Student Signature

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Date: \_\_\_\_\_