

Field Trip Emergency Contact and Waiver Form

Participant Information

Full Name

Date of Birth

Home Address

Phone Number

School/Group Name

Emergency Contact Information

Contact Name

Relationship to Participant

Phone Number

Alternate Phone

Medical Information

Allergies (if any)

Current Medications

Medical Conditions or Special Needs

Primary Physician Name & Phone

Waiver and Consent

I hereby permit the participant to attend and participate in the above described field trip. I authorize the adult leader(s) or school authority to obtain necessary emergency medical care if needed. I acknowledge the potential risks of this activity and agree to hold harmless the school/group and its representatives.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian