

# Guardian Consent and Waiver for Student Field Activities

I, the undersigned, am the parent/legal guardian of the student named below and hereby give my consent for my child to participate in the specified field activity organized by the school. I acknowledge and understand that participation in field activities may involve certain risks and that all reasonable safety precautions will be taken by school staff.

Student Name: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Field Activity/Destination: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

## Medical Information:

Please specify any allergies, medical conditions, or medications the student requires during this activity:

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## Consent and Waiver:

I hereby authorize the supervising staff to act for me in any emergency requiring medical attention. I understand that every reasonable effort will be made to contact me before such action is taken. I release and hold harmless the school, its employees, and representatives from all liability arising from my child's participation in this field activity, except in the case of gross negligence or willful misconduct.

Parent/Guardian Name (Print): \_\_\_\_\_

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

Emergency Contact Number: \_\_\_\_\_