

Parental Authorization Form for School Excursions

Student Information

Full Name of Student:

Date of Birth:

Grade/Class:

Excursion Details

Name of Excursion:

Date of Excursion:

Location:

Purpose of Excursion:

Medical Information

Any Allergies or Medical Conditions:

Emergency Contact Name & Relationship:

Emergency Contact Phone:

Authorization

I hereby give permission for my child, named above, to participate in the abovementioned school excursion. In the event of an emergency, I authorize the school to obtain necessary medical attention for my child.

Parent/Guardian Name:

Signature:

Date: