

School Event Participation Consent Form

Student Information

Student Name

Grade/Class

Date of Birth

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Event Details

Event Name

Event Date

Event Location

Medical Information / Allergies (if any)

☐ I give consent for my child to participate in the above event.

☐ I authorize the school to seek emergency medical care if necessary.

Parent/Guardian Signature:

Date:

School Representative:

Date:
