

School Trip Informed Consent and Release

Trip Information

Trip Destination: _____

Date(s) of Trip: _____

Student Information

Student Name: _____

Grade/Class: _____

Informed Consent

I acknowledge that I have been fully informed about the details of the school trip mentioned above. I understand that participation in this trip is voluntary and involves certain risks, including but not limited to travel and participation in activities.

Medical Authorization

In the event of an emergency, I authorize the supervising staff to obtain medical care for my child as deemed necessary. I will provide details of any relevant medical conditions or allergies below:

Medical Conditions/Allergies:

Release of Liability

I hereby release and hold harmless the school, its employees, and volunteers from any and all liability, claims, or demands arising out of or related to my child's participation in this trip, except in cases of gross negligence or willful misconduct.

Emergency Contact

Name: _____

Phone Number: _____

Parent/Guardian Signature: _____

Print Name: _____

Date: _____