

Student Field Trip Waiver Form

Student Information

Full Name

Grade / Class

Date of Birth

Student ID (if applicable)

Trip Information

Destination

Date of Trip

Supervising Teacher

Emergency Contact Name

Emergency Contact Phone

Relevant Medical Info

Waiver of Liability & Parent/Guardian Consent

By signing below, I agree to allow my child to participate in this field trip. I acknowledge that participation involves inherent risks, and I release the school, its employees, and agents from liability for any injury or loss incurred on this trip, except in cases of negligence. I confirm that my child has the necessary medical clearance, and I authorize emergency care as needed.

Parent/Guardian Name

Signature

Date