

# Student Medical Waiver for School Outings

## Student Information

Student Name

Date of Birth

Grade/Class

Parent/Guardian Name

Emergency Contact Number

## Medical Information

Known Allergies

Existing Medical Conditions

Medications (if any)

Family Doctor Name & Number

Health Insurance Info

## Consent & Waiver

I, the undersigned parent/guardian, authorize the school to obtain necessary medical care and/or treatment for my child in the event of illness or injury during school outings. I understand all possible precautions will be taken for the safety and protection of my child. I waive and release the school and its representatives from all responsibility, costs, and damages arising from participation, unless caused by proven negligence.

I have read and agree to the terms stated above.

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Parent/Guardian Signature

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Date