

# Minor Field Trip Parental Waiver

**Student Name:** \_\_\_\_\_

**Grade/Class:** \_\_\_\_\_

**Date of Trip:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Purpose of Trip:** \_\_\_\_\_

## Parental Consent and Waiver

I, the undersigned, am the parent/legal guardian of the above-listed minor and grant permission for my child to participate in the specified field trip. I acknowledge and understand that participation involves travel and other activities away from the school.

I hereby waive and release the school, its employees, and authorized volunteers from any and all liability for any injury, loss, or damage that may occur during this trip. I attest my child is in good health and I accept full responsibility for any medical needs that may arise.

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Allergies/Medications/Medical Conditions (if any):**  
\_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_