

# High Risk Activity Student Travel Consent Form

Please read this form carefully, complete all fields, and sign to grant permission for the student to participate in the high-risk travel activity.

## 1. Student Information

Student Full Name:

Date of Birth:

Grade/Class:

Student ID Number:

## 2. Parent / Guardian Information

Parent/Guardian Full Name:

Primary Phone Number:

Email Address:

Emergency Contact Name (If different):

Emergency Contact Phone:

## 3. Trip and Activity Details

Destination:

Departure Date:

Return Date:

Specific High-Risk Activity (e.g., Skiing, Scuba Diving, Mountaineering):

Supervising Teacher/Chaperone Name:

## 4. Medical Information and Liability Release

Does the student have any medical conditions, allergies, or dietary requirements? (List below):

Current Medications:

## Acknowledge of Risk and Consent

By signing below, I acknowledge that the activity listed above involves inherent risks of injury or illness. I voluntarily agree to allow the student to participate in this activity and travel. I authorize the designated chaperones to seek emergency medical treatment for the student if necessary during the duration of this trip.

## 5. Signatures

Parent/Guardian Signature (Print Name):

Handwritten Signature:

Date:

Student Signature (Print Name):

Handwritten Signature:

Date: