

Emergency Contact and Excursion Consent Template

Please complete this form in block letters. This template is designed to be printed and filled out manually or digitally before printing.

1. Student / Child Information

Child's Full Name:

Date of Birth (DD/MM/YYYY):

Class / Grade / Group:

2. Excursion Details

Excursion Destination:

Date of Excursion:

3. Primary Emergency Contact

Full Name:

Relationship to Child:

Primary Phone:

Alternative Phone:

4. Secondary Emergency Contact

Full Name:

Relationship to Child:

Primary Phone:

Alternative Phone:

5. Medical Information

Known Medical Conditions / Allergies:

Current Medications Required during Excursion:

Medicare Number (Optional):

6. Consent and Authorization

I hereby give consent for my child to participate in the excursion specified above. In the event of an emergency, allergy, or illness, I authorize the organizers to obtain any necessary medical assistance, and I agree to meet all expenses associated with such treatment.

Parent / Guardian Full Name:

Signature (For printed hardcopy):

Date: