

Multi-Day Educational Study Tour Consent Form

Please complete all sections of this form to grant permission for your child to participate in the upcoming multi-day educational study tour. This form must be printed, completed, and returned to the school.

1. Student Information

Student's Full Name:

Date of Birth (DD/MM/YYYY):

Grade / Class:

Student ID Number:

2. Study Tour Details

Tour Destination:

Departure Date (DD/MM/YYYY):

Return Date (DD/MM/YYYY):

Supervising Teacher-in-Charge:

3. Parent / Guardian Information

Parent/Guardian Full Name:

Relationship to Student:

Primary Contact Phone Number:

Email Address:

Alternative Emergency Contact Name:

Alternative Emergency Contact Phone:

4. Medical and Dietary Information

Known Allergies (Food, Medication, Insect Stings, etc.):

Current Medical Conditions or Chronic Illnesses:

Regular Medications Required (Specify dosage and frequency):

Dietary Restrictions or Requirements:

5. Consent and Authorization

By signing this form, I acknowledge and agree to the following:

- I give permission for my child to participate in the multi-day educational study tour described above.
- I understand that the itinerary may include travel by bus, train, or flight, as well as walking tours.
- In the event of a medical emergency, I authorize the supervising teachers to seek necessary medical treatment, hospital care, or

administration of anesthetic for my child.

- I agree to meet any additional medical expenses incurred during the study tour that are not covered by insurance.
- I ensure that my child understands the behavioral standards expected of them during this study tour.

6. Signatures (For Written/Printed Consent)

Parent / Guardian Signature (Sign inside box):

Date of Signature (DD/MM/YYYY):