

Student Field Trip Travel Waiver Form

Instructions: This form must be completed, signed, and returned to the supervising teacher before the student will be permitted to participate in the field trip. This printed copy will be kept by the school administration for record-keeping and emergency purposes.

1. Student and Trip Information

Student's Full Name:

Grade / Class / Period:

Field Trip Destination:

Date of Field Trip:

Supervising Teacher / Sponsor:

2. Emergency Contact Information

Parent/Guardian Full Name:

Primary Phone Number:

Alternative Phone Number:

Emergency Contact (Other than Parent/Guardian):

Relationship to Student:

Emergency Contact Phone:

3. Medical Information

Known Allergies (Food, Drug, Insect, etc.):

Required Medications or Special Medical Instructions:

4. Liability Release and Consent

By signing below, I, the parent/guardian of the above-named student, hereby give my consent for my child to participate in the designated field trip, including all related travel. I understand that transportation may be provided by school bus, commercial charter, or private vehicle.

I agree to release, indemnify, and hold harmless the school, its district, employees, and volunteers from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature, occurring during the travel or participation in this field trip.

In the event of a medical emergency, I hereby authorize the supervising school staff to obtain necessary medical treatment for my child if I cannot be reached.

5. Signatures (Sign after printing)

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date Signed: