

Overnight Student Travel Permission and Consent Form

Please complete this form in full to grant permission for your child to participate in the upcoming overnight travel event. This form must be printed, filled out, and returned to the school supervising staff.

Student Information

Student Full Name:

Date of Birth (MM/DD/YYYY):

Grade Level:

School Name:

Trip Details

Trip Destination / Event Name:

Departure Date and Time:

Return Date and Time:

Lead Teacher / Chaperone Name:

Parent / Guardian and Emergency Contact Information

Parent/Guardian Full Name:

Primary Phone Number:

Secondary Phone Number:

Email Address:

Alternative Emergency Contact Name:

Alternative Contact Phone Number:

Medical Information

Known Allergies (Food, Drug, Environmental):

Required Medications (Dosage and Instructions):

Health Insurance Provider:

Policy / Group Number:

Consent and Liability Waiver

I, the undersigned, hereby grant permission for my child to participate in the overnight travel event listed above. I understand that the student will be under the supervision of school-designated chaperones. In the event of a medical emergency, I authorize school staff to obtain necessary medical treatment for my child.

I agree to release the school, its employees, and agents from any liability for injury or loss that may occur during this trip, except in cases of gross negligence.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date (MM/DD/YYYY):