

# Standard School Day Excursion Consent Form

Please complete all sections of this form in block letters to grant permission for your child to participate in the school excursion.

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## 1. Student Details

Student's Full Name:

Class / Grade:

Date of Birth:

## 2. Excursion Details

Excursion Destination:

Date of Excursion:

Departure Time:

Return Time:

Supervising Teacher:

## 3. Medical Information

Please details any medical conditions, allergies, or dietary requirements your child has that supervisors should be aware of.

Medical Conditions / Allergies:

Current Medications Required:

Emergency Medical Action Plan (if any):

## 4. Parent/Guardian Contact Details

Parent/Guardian Full Name:

Primary Contact Phone Number:

Alternative Emergency Contact Name:

Alternative Emergency Phone Number:

## 5. Consent and Authorization

By signing below, I acknowledge and agree to the following:

- I give permission for my child to attend the excursion detailed above.
- I authorize the supervising staff to seek medical attention for my child if an emergency arises.
- I understand that students are required to behave in accordance with the School Code of Conduct during the excursion.

I consent to my child participating (Type YES or NO):

Parent/Guardian Signature (Printed Name):

Date Signed:

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*Note for Printing: Please print this form, sign manually if required by the school, and return the physical copy to the administration office.*