

Annual Student Travel and Excursion Consent Form

Please complete all sections of this form to grant permission for your child to participate in school-sponsored travels, field trips, and excursions for the current academic year. This form will be kept on file and used for all local and regional trips.

1. Student Information

Full Name of Student:

Date of Birth:

Grade / Class:

School Year:

2. Parent / Guardian Information

Parent/Guardian Name:

Relationship to Student:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address:

3. Emergency Contact Information (Other than Parent/Guardian)

Emergency Contact Name:

Relationship to Student:

Contact Phone Number:

4. Medical Information and Authorization

Please list any medical conditions, allergies, or dietary restrictions the school should be aware of:

Known Allergies (Food, Medication, etc.):

Medical Conditions / Illnesses:

Current Medications Required:

Health Insurance Provider:

Policy / Group Number:

5. Consent and Liability Release

By signing below, I hereby give my consent for the student named above to participate in school-authorized trips, excursions, and travel activities during the designated school year. I understand that transportation may be provided by school bus, chartered vehicle, or public transit.

In the event of a medical emergency, I hereby authorize school staff or designated representatives to obtain necessary medical treatment, hospital care, or emergency services for my child. I agree to cover any expenses incurred for such emergency medical treatments.

I acknowledge that participation in these trips involves some inherent risks, and I agree to release the school, its staff, and administrators from liability for any accidental injury or loss of property that may occur during the course of travel.

Parent/Guardian Printed Name:

Parent/Guardian Signature (Physical signature on print):

Date:

Student Signature (If applicable / required):

Date: