

School Trip Medical Consent and Release Form

Please print and complete this form in full to authorize medical treatment and release liability for the upcoming school trip.

1. Student Information

Student's Full Name:

Date of Birth (MM/DD/YYYY):

Grade / Class:

Home Address:

2. Parent / Guardian & Emergency Contact Information

Parent/Guardian Full Name:

Primary Phone Number:

Alternative Phone Number:

Secondary Emergency Contact Name:

Secondary Contact Phone:

3. Medical History and Insurance Information

Known Allergies (Food, Drugs, Insect Bites, etc.):

Current Medications / Instructions:

Medical Conditions or Dietary Restrictions:

Health Insurance Provider:

Policy Number / Group Number:

4. Medical Consent, Liability Release, and Authorization

I, the undersigned parent or legal guardian of the student named above, hereby give my consent for my child to participate in the scheduled school trip. In the event of an emergency, illness, or injury, I hereby authorize the school staff, chaperones, or medical professionals to secure and administer any necessary medical treatment, including hospitalization, anesthesia, surgery, or medication.

I understand that every effort will be made to contact me before any major medical action is taken, but treatment will not be withheld if I cannot be reached. I agree to assume all financial responsibility for any medical expenses incurred.

By signing below, I release the school, its employees, agents, and chaperones from any and all liability, claims, or demands arising out of or in connection with my child's participation in this school trip.

5. Consent and Signatures

Please sign and date in the spaces below after printing this form.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date (MM/DD/YYYY):