

Student Excursion Liability Waiver and Consent Form

Please complete this form in print, sign, and return it to the school administration before the excursion date.

1. Student Information

Student Full Name:

Grade/Class:

Date of Birth (DD/MM/YYYY):

2. Excursion Details

Excursion Destination:

Date of Excursion:

Teacher/Supervisor in Charge:

3. Emergency Contact Information

Parent/Guardian Full Name:

Relationship to Student:

Primary Phone Number:

Alternative Phone Number:

4. Medical Information

Known Allergies or Medical Conditions:

Dietary Restrictions (if any):

Emergency Medical Contact (Physician Name):

Physician Contact Number:

5. Liability Waiver and Consent Terms

By signing this form, I, the parent or legal guardian of the student named above, hereby give my consent for my child to participate in the school excursion described. I acknowledge and agree that participation in this excursion involves certain inherent risks, and I agree to assume all such risks.

I agree to waive, release, and hold harmless the school, its administration, employees, and authorized volunteers from any and all liability, claims, or demands for personal injury, illness, or death, as well as property damage and expenses, of any nature, occurring during or in connection with the excursion.

In the event of a medical emergency, I authorize the school staff to secure proper medical treatment for my child, including hospitalization, administration of medication, or surgery, if I cannot be reached immediately at the contact numbers provided above.

6. Authorization and Signatures

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date (DD/MM/YYYY):