

Parental Medical Consent Form Sample for School Trips

The **parental medical consent form** sample for school trips ensures that parents provide essential health information and authorize medical treatment for their children during school activities. This form helps schools manage emergencies efficiently and keep students safe. It is a critical document for ensuring prompt and appropriate medical care while away from home.

Student Information

Student Name:

Date of Birth:

Grade/Class:

Parent/Guardian Contact Information

Parent/Guardian Name:

Phone Number:

Email Address:

Emergency Contact (if parent unavailable):

Emergency Contact Phone Number:

Medical Information

Medical Conditions/Allergies:

Medications (name, dosage, frequency):

Primary Physician Name:

Physician Phone:

Insurance Provider & Policy Number:

Consent and Authorization

I, the undersigned, authorize school authorities and designated supervisors to obtain and approve medical treatment for my child in the event of an accident, illness, or injury during a school trip, should I be unavailable to provide immediate consent. I understand that every effort will be made to contact me before treatment is administered.

Parent/Guardian Signature:

Date:

Submit