

School Trip Consent Form

This **school trip consent form** sample includes essential sections for allergy and medication information, ensuring student safety during outings. It allows parents to provide detailed health details and grant permission for necessary medical treatment. Designed for clarity and compliance, this form helps schools manage health risks effectively.

Student Information

Full Name of Student:

Date of Birth:

Class/Grade:

Parent/Guardian Information

Parent/Guardian Name:

Emergency Contact Number:

Allergy and Medication Information

Does your child have any allergies? If yes, please specify:

Will your child require medication during the trip? If yes, please list all medications, dosage, and administration details:

Other medical conditions or special instructions:

Medical Treatment Consent

In the event of illness or accident, I authorize the supervising staff to obtain necessary medical treatment for my child in accordance with school policy, including calling emergency services and/or transporting my child to a hospital or medical facility.

☐ I give consent for emergency medical treatment as stated above.

Parent/Guardian Consent

I hereby give permission for my child to participate in the school trip and confirm that the information provided above is accurate and complete.

Signature:

Date:

Submit