

School Trip Medical Consent Form

Download our **school trip medical consent form** sample to ensure parents provide essential health information and authorization for student participation. This form helps schools prepare for emergencies and maintain student safety during trips. Customize it easily to meet your specific requirements.

Student Information

Full Name:

Date of Birth:

Grade/Class:

Parent/Guardian Information

Parent/Guardian Name:

Emergency Contact Number:

Email Address:

Medical Information

Allergies (please specify):

Medications (please list):

Existing Medical Conditions:

Primary Physician:

Physician's Phone:

Consent and Authorization

I, the undersigned parent/legal guardian, hereby authorize my child to participate in the school trip. In the event of a medical emergency, I authorize school staff and medical professionals to use their judgment in providing necessary medical treatment.

☐

 I agree to the above terms and provide consent for emergency medical treatment.

Parent/Guardian Signature:

Date:

Submit