

Overnight School Trip Consent Form

This **overnight school trip consent form** ensures parents authorize their child's participation and provide essential emergency contact information. It facilitates safety and communication during the trip. Completing this form is mandatory for all students attending the excursion.

Student Information

Student Name:

Grade:

Date of Birth:

Parent/Guardian Information

Parent/Guardian Name:

Parent/Guardian Phone:

Parent/Guardian Email:

Emergency Contact (other than parent/guardian)

Emergency Contact Name:

Relationship to Student:

Emergency Contact Phone:

Medical Information

List any allergies or medical conditions:

Is the student taking any medications? ☐ Yes ☐ No

If yes, please specify:

Consent and Authorization

☐ I, the undersigned parent/legal guardian, hereby give permission for my child to attend the overnight school trip and authorize emergency medical treatment if necessary.

Parent/Guardian Signature:

Date:

Submit Form