

Consent Form for School

Student Information

- Student's Name: _____
- Grade: _____ Class: _____
- Date of Birth: ____ / ____ / ____
- Parent/Guardian Name: _____

Activity Details

- Activity Name: _____
- Location: _____
- Date: ____ / ____ / ____ Time: _____
- Transportation Details: _____

Health Information

- Allergies (if any): _____
- Medical Conditions: _____

Parent/Guardian Consent

- I, [Parent/Guardian Name], hereby give consent for [Student's Name] to participate in the above activity.

Signature and Date

- Parent/Guardian's Signature: _____
- Date: ____ / ____ / ____

Emergency Contact Information

Contact Name	Relationship	Phone Number	Alternate Number
(Fill in details)	(Fill in details)	(Fill in details)	(Fill in details)