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# Field Trip Consent Form PDF

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## Educational Institution Details:

- Name of Institution: \_\_\_\_\_
- Location: \_\_\_\_\_
- Telephone: \_\_\_\_\_

## Detailed Itinerary:

- Destination: \_\_\_\_\_
- Trip Date: //\_\_\_\_\_
- Time of Departure: :
- Expected Time of Return: :
- Description of Activities: \_\_\_\_\_

## Consent Agreement:

- I, \_\_\_\_\_, the undersigned, parent or legal guardian of \_\_\_\_\_, authorize this field trip participation.

## Health and Safety Information:

- Allergies or special health considerations:  
\_\_\_\_\_

## Legal Guardian Information:

- Name: \_\_\_\_\_

- **Signature:** \_\_\_\_\_
- **Date:** //\_\_\_\_\_

**Checklist (Please tick as appropriate):**

- **I agree to the terms and conditions of the trip.**
- **I do not agree to the terms and conditions of the trip.**