

Student Authorization Consent Form

Student Information:

- Name: _____
- Grade/Class: _____
- Contact Details: _____
- Parent/Guardian Name: _____

Authorization Purpose:

I, [Parent/Guardian Name], authorize [Student Name] to:

- Participate in extracurricular activities
- Access academic resources
- Travel for academic purposes

Conditions of Authorization:

- Duration of Authorization: _____
- Specific Activity/Event Name: _____

Emergency Contact Information:

- Emergency Contact Name: _____
- Emergency Contact Number: _____

I understand the terms of this authorization and agree to its conditions.

Signatures:

Parent/Guardian: _____ Date: _____

School Representative: _____ Date: _____