

Parent Consent Form for School

SCHOOL NAME

Parental Consent Form

Student Information:

- **Student's Name:** _____
- **Grade:** _____
- **Class:** _____

Activity Details:

- **Event/Activity Name:** _____
- **Date:** _____
- **Location:** _____
- **Transportation Provided:** Yes / No
- **Departure Time:** _____
- **Return Time:** _____

Description of Activity:

- [Brief description of the event or activity, including any specific details such as guest speakers, visits, etc.]

Emergency Contact Information:

- **Primary Contact Name:** _____
- **Relationship:** _____
- **Contact Number:** _____
- **Secondary Contact Name:** _____
- **Relationship:** _____

- **Contact Number:** _____

Medical Information:

- **Known Allergies (if any):** _____
- **Current Medications (if any):** _____
- **Special Dietary Needs (if any):** _____
- **Other Relevant Medical Information:** _____

Parent/Guardian Consent: I, the undersigned, grant permission for my child, [Student's Name], to participate in the [Event/Activity Name] on [Date]. I acknowledge that I have read the description of the activity and I am aware of the nature and extent of involvement my child will have in this activity.

I understand that the school takes all necessary precautions to ensure the safety and well-being of all participants but is not liable for any unforeseen risks or injuries that may occur due to participation in this activity.

I authorize school staff and emergency personnel to take appropriate actions in the case of an emergency and to provide emergency medical treatment if necessary.

Parent/Guardian Signature: _____ **Date:**

Additional Notes or Permissions: _____