**Student Information:**

* Student's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

* Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Activity:**

* Name of School Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date(s) of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Location of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission Details:** I, the undersigned parent or legal guardian of the above-named student, hereby grant permission for the student to participate in the school activity mentioned above.

**Consent to Participation:** I understand that the school will take necessary precautions to ensure the safety and well-being of the students during the activity. I also acknowledge that participation is voluntary and that the school will not be held responsible for any unforeseen incidents.

**Medical Information:** I have provided accurate medical information about my child, including any allergies, existing medical conditions, and current medications. In case of an emergency, I can be reached at the contact numbers provided.

**Transportation Authorization:** I authorize the school to arrange transportation for my child to and from the activity venue. I understand that the school will take reasonable measures to ensure safe transportation.

**Photography and Media Release:** I grant permission for the school to take photographs or videos of my child during the activity for educational or promotional purposes. I understand that these materials may be used in school publications, websites, or social media.

**Emergency Medical Treatment Authorization:** In the event of a medical emergency requiring immediate attention, I authorize the school to obtain necessary medical treatment for my child.

**Acknowledgment of Rules and Regulations:** I acknowledge that my child will adhere to the rules and regulations set by the school during the activity.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Date)