# Parental Consent and Liability Waiver Form for International Travel

Trip Details:

- Destination: _____
- Dates of Travel: _____
- Supervisors: _____
- School Name: *Trinity Christian School*
- Purpose of Trip: *Cultural Exposure and Global Learning*

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Student Information:

- Full Name of Student: _____
- Date of Birth: _____
- Passport Number: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

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Parent/Guardian Information:

- Full Name of Parent/Guardian: _____
- Relationship to Student: _____
- Contact Number: _____
- Email Address: _____

Consent and Acknowledgment:

I, the undersigned, the parent/legal guardian of the above-named student, hereby give my full consent for my child to travel to the trip destination under the supervision of [OM Rep / chaperones]. I understand that they will be responsible for the general welfare of my child during the trip. I acknowledge that I have received all relevant information regarding the trip and understand the risks and benefits associated with this travel. I also confirm that my child is in good health and has no medical conditions that would interfere with their participation in this trip.

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Medical Authorization:

In the event of a medical emergency, I authorize the trip supervisors, [OM Rep / chaperones], or any authorized representative, to seek and obtain medical treatment deemed necessary for my child. I understand that every effort will be made to contact me in case of such an emergency.

Liability Waiver:

I hereby release, discharge, and agree to hold harmless the trip organizers, [OM Rep / chaperones], and the school, from any and all liability, claims, demands, or actions that may arise from any injury, harm, or loss during the trip, except for those caused by willful misconduct or gross negligence.

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Parent/Guardian Signature:

- Signature: _____
- Printed Name: _____
- Date: _____

Notary Public:

- State of: _____
- County of: _____
- On this _____ day of _____ , 2026, before me, the undersigned Notary Public, personally appeared _____ (parent/guardian name), personally known to me or proved to me on the basis of satisfactory evidence to be the person who executed the foregoing instrument.
- Notary Public Signature: _____
- Printed Name: _____
- My Commission Expires: _____