

PARENT/GUARDIAN CONSENT for HIGHER RISK ACTIVITIES

Form 260-06

CONSENT AND ACKNOWLEDGMENT OF RISK FORM		SCHOOL:	
<p>To the Parent(s)/Guardian(s) of: _____ Grade: _____ Div./ Homeroom: _____</p> <p>Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.</p> <p>If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.</p>			
PROGRAM / ACTIVITY INFORMATION:			
LEAD TEACHER OR SUPERVISOR:			
DESTINATION:			
DEPARTURE DATE:	DEPARTURE TIME:	RETURN DATE:	RETURN TIME:
SERIES OF OFFSITE ACTIVITIES (SPECIFY PROGRAM, ACTIVITY, OR EVENT):			
EDUCATIONAL VALUE			
<p>Goals and / or Student Learning Outcomes:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Environmental Sustainability</div> <div style="width: 50%;"><input type="checkbox"/> Indigenous Education</div> <div style="width: 50%;"><input type="checkbox"/> Curriculum</div> <div style="width: 50%;"><input type="checkbox"/> Physical Education</div> <div style="width: 50%;"><input type="checkbox"/> Literacy</div> <div style="width: 50%;"><input type="checkbox"/> Numeracy</div> <div style="width: 50%;"><input type="checkbox"/> Community Connections</div> <div style="width: 50%;"><input type="checkbox"/> Arts & Culture</div> <div style="width: 50%;"><input type="checkbox"/> Other:</div> </div>			
METHOD OF TRANSPORTATION:			COST TO THE STUDENT:
WHAT TO BRING (Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No):			
ITINERARY/ACTIVITIES Additional Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No:			

*Personal information contained on this form is collected under the authority of the School Act for the purpose of participating in school trips.
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BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

KNOWN POTENTIAL RISKS (If applicable)

Check all that apply:

- ☐ Injuries related to motor vehicle incidents enroute to and from the activity area
- ☐ Becoming lost or separated from the group or the group becoming split up
- ☐ Injuries related to slips, trips, and falls in the program area or enroute to / from it
- ☐ Acute or overuse injuries/conditions
- ☐ Injuries related to the physical demands of the activity and/or lack of activity skill
- ☐ Injuries related to colliding with a moving object or with a fixed object
- ☐ Injuries related to ill-fitting equipment, equipment malfunction, or failure to use the equipment properly
- ☐ If outdoors, sub-optimal weather or weather changes create adverse conditions students are not properly dressed for
- ☐ If outdoors, allergic reactions to natural substances
- ☐ If outdoors, injuries related to interactions with animals and plants in the environment
- ☐ Injuries related to capsizing of craft or falling out of craft
- ☐ Drowning or near drowning
- ☐ Illness related to poor hygiene
- ☐ Complications of an injury or illness due to remoteness and time to emergency services
- ☐ Psychological injury due to anxiety or embarrassment
- ☐ Other (describe):

PARENTAL/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. My child/ward has no illnesses, medical conditions or disabilities that make this trip inappropriate for him/her and I know of no health related or other reason why my child should not participate in this trip.
4. I will supply suitable clothing for my child's participation in all activities associated with the field trip. I accept full responsibility for any inadequate clothing or equipment which I provide. I am aware that I should contact the school for further information if I am unclear about what clothing or equipment is required for the activities or the possible weather conditions.
5. My child/ward is aware and agrees that they must wear appropriate safety equipment at all times while doing activities where this is required.
6. My child/ward and I understand that a failure to wear required or strongly recommended safety equipment could cause or contribute to a serious injury(ies).
7. I freely and voluntarily assume the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child/ward may suffer personal and potentially serious injury arising from their participation.

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8. My child/ward has been informed that they are to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
9. In the event my child/ward fails to abide by these rules and regulations, disciplinary action may require their exclusion from further participation, or that I be contacted to have them picked up, unless I have specified other transport arrangements and I will be responsible for any costs associated.
10. I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child/ward that may affect their participation.
11. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
12. I consent that the board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.
13. Accidents can happen. They can be the result of the nature of the activity and can occur with or without any fault on either the part of the student or the school board or its employees or agents, or the facility where the activity is taking place. In permitting my child/ward to attend this trip, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, to induce me to permit my child to take the trip, other than those set out in this document.

Please Print:

Name of Student _____ Date of Birth _____ has my permission to participate.

Date: _____ Parent/Guardian Name : _____ Signature: _____

PARENTAL/GUARDIAN WAIVER OF LIABILITY (Consult Board Policy re: Inclusion or Exclusion of this Section of the Form)

I agree that in consideration of School District No, 71 offering my child, _____ (name) an opportunity to participate in the activity/trip I waive any and all claims I may personally have, and release from all liability and agree not to sue the Board of Trustees, its officers, employees, agents, volunteers and representatives, for any personal injury, death, property damage or loss as a result of or arising from my child/ward's participation in the trip, arising out of any cause whatsoever, including negligence. I understand that my signature here waives my right to sue on my own behalf for damages I may incur, but not the right for myself or a guardian acting on my child/ward's behalf to sue for damages owed to the child. The child's rights to sue in the event of negligence are not affected by my signature here.

I am 19 years of age or more and have read and understand the terms of this document and understand that it is binding upon me, my heirs, executors and administrators.

Date: _____

Signature
of Witness

Signature of
Parent/Guardian

Printed Name
of Witness

Printed Name of
Parent/Guardian

Address of
Witness

Address of
Parent/Guardian

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STUDENT EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)	
Student Name:	Birthdate:
BC Medical Services Plan Personal Health No.:	
Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:	
Reaction(s) to above?	
Carries Epi pen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical / physical conditions that may affect participation in the stated program / activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) Be specific:	
Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:	
Medication(s) taken at this time (name, reason, dosage, storage, potential side effects / treatment of such):	
Other health / medical / dietary concerns:	
#1 Emergency Contact Name:	Phone(s):
#2 Emergency Contact Name:	Phone(s):
Name of Physician:	Phone:
Parent / Guardian who is filling out this form:	
Name (Please Print):	Signature:

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