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| **Please read the contents of this *Consent and Acknowledgement of Risk* form.**  **Clarify any questions or concerns with the Lead Teacher BEFORE signing it.** | |
| **To the Parent(s)/Guardian(s) of** | |
| *Name of Teacher(s), Grade, School* | |
| If this form is not signed and returned to the school by (INSERT DATE HERE) your child will not be allowed to attend. | |
| **Program/Activity Information** | |
| *Destination/activity/series of off-site activities* | *Date(s) (yyyy/mm/dd)* |
| *Itinerary/activities* | *Curricular Connections* |
| *Method of transportation* | |
| *Lead teacher* | *Total Number of Supervisors Planned* |
| *Supervisory arrangements* | |
| *Extra-curricular cost to the student* | |
| *What to bring:*  *Students who take regular prescriptions or require access to an Epi-Pen or an inhaler need to bring those medications with them. Please indicate medications taken by student on this form and advise the lead teacher where the medication is kept in the event of a medical emergency.* | |
| *Other considerations: (i.e. allergies to specific drugs, certain foods, insect stings, hay fever etc.; medical conditions that may affect participation in the stated program or activity such as a recent injury, phobias, chronic conditions).* | |
| **Board Responsibilities** | |
| The board will make every reasonable effort to ensure or ascertain that:   1. The staff, volunteers and/or service providers involved are suitably trained and qualified. 2. The students are adequately supervised over the program/activity. 3. The location(s) used are appropriate for the activity(ies) and group. 4. Equipment used has been inspected and deemed appropriate and safe. 5. A Safety Plan is in place to identify and manage known risks. 6. An Emergency Plan is in place to deal with an injury or illness to any of the students, volunteers, or participants. | |
| **Potential Known Risks** | |
| *Potential known risks include the following* | |
| **Consent and Acknowledgement of Risk** | |
| 1. I acknowledge my right to obtain as much information as I require about this program or activity(ies) and associated risks and hazards, including information beyond that provided to me by the school or board. 2. 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. 3. My child/ward has no illnesses, medical conditions or diverse abilities that make this trip inappropriate for them and I know of no health related or other reason why my child/ward should not participate in this trip. 4. 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 provider’s administrators, instructors, and supervisors over all phases of the program/activity(ies). 5. 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. I assume all related costs. 6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child/ward that may affect their participation in the stated program or activity(ies). 7. I consent that the board, through its employees, agents and officers, may secure such emergency medical advice and services as they deem necessary for my child/ward’s health and safety, and that I shall be financially responsible for any costs related to such advice and services. 8. Based on my understanding, acknowledgement, and consents as described herein,   (Sign and return permission on next page) | |

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| *Name of Student* | | | | *Date of Birth (yyyy/mm/dd)* | |
| **has my permission to participate.** | | | | | |
| *Date (yyyy/mm/dd)* | *Parent/Guardian Name* | | *Signature* | | |
| *Date (yyyy/mm/dd)* | *Parent/Guardian Name (if required)* | | *Signature* | | |
| **If there is an issue or emergency while on the field trip, please list the names and contact numbers of who we should call** | | | | | |
| *Name* | | *Relationship* | *Primary phone number (i.e. cell phone)* | | *Secondary phone number* |