NOTE: It is assumed that students attending a field trip will travel both directions on the bus.  If you require alternate travel arrangements for your child, please notify your child’s teacher and/or the Field Trip Supervisor prior to the event in writing (on permission form, as a separate letter, or by email) at least 24 hours prior to the trip. If consent is not received, students will not be released to parents or other family members.

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| **To the Parent(s)/Guardian(s) of (name of student)** | | | | | | | |
| *Name of Teacher(s), Grade, School* | | | | | | | |
| Please read the contents of this *Consent and Acknowledgement of Risk* form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. | | | | | | | |
| 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)* | |
| *Curricular Connections* | | | | | | | |
| *Itinerary/activities* | | | | | | | |
| *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 during 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, staff, or volunteers. | | | | | | | |
| **Potential Known Risks** | | | | | | | |
| *Potential known risks include the following* | | | | | | | |
| *Additional Comments/Requirements* | | | | | | | |
| **Consent and Acknowledgement of Risk** | | | | | | | |
| 1. I consent to 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(ies) and associated risks and hazards, including information beyond that provided to me by the school or board. 3. I know of no health related or other reason why child/ward 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 he or she 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. 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, volunteers, 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. 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 for extra-curricular trips. 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. | | | | | | | |
| *Student Name* | | | *Birth date (yyyy/mm/dd)* | | | | |
| **has my permission to participate.** | | | | | | | |
| *Date (yyyy/mm/dd)* | *Parent/Guardian Name* | | | | *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* | | | *Secondary phone number* |
| *Name* | | *Relationship* | | *Primary phone number* | | | *Secondary phone number* |
| *Name* | | *Relationship* | | *Primary phone number* | | | *Secondary phone number* |
| **Off-Site Experience Emergency Medical Information**  *(Write below or attach a separate page if more space is needed)* | | | | | | | | |
| *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?  Yes  No Carries Ana Kit?  Yes  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* | | | | | | | | |

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| **Parental Responsibility in the Event of Student Illness** | | |
| In the event that your child becomes seriously ill or injured, it is the responsibility of the parent or guardian to arrange transportation and/or accommodation until they can arrange to pick up the child. Seriously ill students, as described below, are not permitted on a bus or in a private/rented vehicle. WorkSafeBC requires employers to maintain safe and healthy work environments therefore staff are not permitted to transport seriously ill students. Students feeling unwell must wear a mask and be isolated from the group on the bus.  Definition of seriously ill or injured: A student cannot participate in the planned activities (e.g. highly contagious, vomiting, high fever, diarrhea, and/or it is recommended that they do not participate or travel by a medical professional.  This does not include minor colds, upset stomachs, headaches, low grade fever, sprains/strains). | | |
| *Name of person to contacted in the event of student illness* | *Phone number* | |
| *Signature of Parent/Guardian* | | |
| **Parental/Guardian Limited Waiver of Liability** | | |
| I agree that in consideration of School District No. 6 (Rocky Mountain) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ offering my child 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 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 (yyyy/mm/dd)* | | |
| *Signature of Parent/Guardian* | | *Printed Name of Parent/Guardian* |
| *Address of Parent/Guardian* | | |
| *Signature of other custodianParent/Guardian (if required)* | | *Printed Name of other custodianParent/Guardian (if required)* |
| *Address of other custodianParent/Guardian (if required)* | | |
| **Note**: This waiver element, if used, must be signed by ALL custodial parents or guardians of a child who is under the age of 19 years, unless other formal arrangements are made in writing. | | |