

**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)**

To the Parent(s)/Guardian(s) of: _____ Grade _____ Homeroom: _____

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 _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: _____ DATE(S): _____ OR
 SERIES OF OFF-SITE ACTIVITIES (Specify program): _____
 PURPOSE OR EDUCATIONAL GOAL(S): _____
 ITINERARY/ACTIVITIES: _____
 METHOD OF TRANSPORTATION: _____ BY: _____
 LEAD TEACHER: _____ TOTAL NO. OF SUPERVISORS PLANNED: _____
 SUPERVISORY ARRANGEMENTS: _____
 COST TO THE STUDENT: _____ WHAT TO BRING: _____
 OTHER CONSIDERATIONS: _____

BOARD RESPONSIBILITIES

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

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

POTENTIAL KNOWN RISKS

Potential known risks include the following:

 Additional comments/requirements:

CONSENT AND ACKNOWLEDGEMENT OF RISK

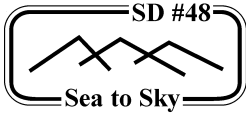
Destination/Activity/Program: _____ Date: _____

- I accept the mode of transportation for this activity.
- 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.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is 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.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for any costs associated.
- I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
- I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory, security). I accept that the board will not be liable for any costs associated with such a cancellation.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein, I agree that
 (Name of Student) _____ (Date of Birth) _____ has my permission to participate.

Date: _____ Name (*Please print*): _____ Signature: _____

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Personal information contained on this form is collected under the authority of the Schools Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.



**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)**

Page 2 of 2

Student Name: _____ Birth Date: _____

BC Medical Services Plan Personal Health No.: _____ Student School Accident Insurance: Yes 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:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____ Signature _____