



CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

PROGRAM ACTIVITY INFORMATION	
TRIP TITLE: _____ Grade/Class: _____ Teacher Contact: _____ Destination: _____ Departure Date: _____ Departure Time: _____ Return Date: _____ Return Time: _____ Approx. No. of Students: _____ Approx. No. of Teachers/Supervisors: _____ Cost per student: _____ Purpose of trip: _____ _____ _____ Description of activities/itinerary (attach separate sheet if necessary): _____ _____ _____ _____	
TRANSPORTATION	
<input type="checkbox"/> School Bus <input type="checkbox"/> City Transit <input type="checkbox"/> Commercial Carrier <input type="checkbox"/> Rented Vehicle <input type="checkbox"/> Foot <input type="checkbox"/> Private Vehicle	
POTENTIAL KNOWN RISKS	
Potential known risks for most trips include the following: <ul style="list-style-type: none"> Injuries related to vehicle crashes en-route to and from activity area Becoming lost or separated from the group or the group becoming split up Injuries related to slips, trips, or falls Injuries related to collisions with movable or immovable objects Allergic reactions to natural substances (e.g. bee or wasp stings etc.) Injuries related to the physical demands of the activity and/or lack of activity skill Other risks normally associated with participation in the activity and environment Other: _____ _____ _____ _____	
Additional comments/requirements: ALTHOUGH FIRST AID KITS ARE AVAILABLE, PARENTS ARE RESPONSIBLE TO PROVIDE AN EPI-PEN OR OTHER MEDICATION REQUIRED TO ATTEND TO A KNOWN ALLERGY SHOULD A REACTION OCCUR WITH YOUR CHILD.	



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PARENT / GUARDIAN CONSENT:

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Student Handbook apply while students are on field trips, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for (name of student) to participate and travel as described.

Name: _____

Student BC Medical #: _____

Current Medical Concerns, allergies, medications: _____

EMERGENCY CONTACT INFORMATION: _____

(First and last name of student) _____ (Date of Birth) _____ has my permission to participate.

Date: _____
Name of Parent/Guardian (please print) _____
Signature of Parent/Guardian _____