



CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

To the Parent(s)/Guardian(s) of: _____
(first and last name of student)

Grade: _____

PROGRAM ACTIVITY INFORMATION

Students may participate in field trips or exploratory day trips during the school year that provide invaluable learning experiences. If the activities on the trip are either multi-day or are considered to be medium to high risk, an additional permission form with potential risks and detailed information will be provided. For low risk day trips throughout the 2019-2020 school year we ask that you read through the information below and consent to your child's participation by signing at the bottom. Further details will be provided to parents prior to each individual activity, however if you sign below you will not need to return a signed permission slip for every low-risk day trip.

RESPONSIBILITIES OF SCHOOL ADMINISTRATION

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

- a. The mode of transportation is safe.
- b. Parent drivers have a valid driver's license and a vehicle capable of transporting students safely to and from the activity area.
- c. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- d. The students are adequately supervised over all aspects of the program/activity.
- e. The location(s) used are appropriate and safe for the activity(ies) and group.
- f. Equipment used has been deemed appropriate and safe.
- g. A Safety Plan is in place to identify and manage known potential risks.
- h. An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks for low-risk day trips include the following:

- Injuries related to vehicles 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

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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CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I acknowledge my right to obtain as much information as I require about the field trip or activity and associated risks and hazards including information beyond that provided to me by the school.
2. 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.
3. 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.
4. 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.
5. 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.
6. I acknowledge that the school may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the school will not be liable for any costs associated with such a cancellation.
7. 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.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(First and last name of student) _____ (Date of Birth) _____ has my permission to participate in all low-risk day trips for the 2019-2020 school year.

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