



**School District No. 5 – Southeast Kootenay
OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK**

School Name _____

Page 1 of 2

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 teacher BEFORE signing it. Students unable to participate will be provided with alternate educational activities.

If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

MULTIPLE LOW-RISK LOCAL OFF-SITE ACTIVITIES including: neighbourhood walks, visits to the Rec Centre field

PURPOSE OR EDUCATIONAL GOAL(S): to enhance the learning opportunities through off-site activities and field trips

ITINERARY/ACTIVITIES: This consent form is for multiple low-risk local field trips that happen throughout the school year. Parents and guardians will be notified in advance of the dates of the planned activities prior to the trip, on a trip-by-trip basis.

METHOD OF TRANSPORTATION: walking or bus

TEACHER(S): classroom teacher

TOTAL NO. OF SUPERVISORS PLANNED: 2 - 4

SUPERVISORY ARRANGEMENTS: students will be supervised by the classroom teacher, educational assistants and volunteer parents.

COST TO THE STUDENT: no cost to student. Funds are provided by the school and the PAC to support bus transportation.

WHAT TO BRING: students will need to be appropriately dressed for the weather. More information about specific items to bring will be available prior to the field trip if required.

OTHER CONSIDERATIONS: _____

BOARD RESPONSIBILITIES

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

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. 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:

- 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 trips and falls;
- Foot injuries (e.g., blisters, sprains) or leg/knee injuries;
- Allergic reactions to natural substances (e.g., bee or wasp stings); and
- Other risks normally associated with participation in the activity and environment.

Additional comments/requirements:

Parents/Guardians: Please keep page 1 of this form for your information, and return page 2 to the coach prior to the start of the team's season of travel.



**School District No. 5 – Southeast Kootenay
OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK**

School Name _____

Page 2 of 2

CONSENT AND ACKNOWLEDGEMENT OF RISK – Return to your child's teacher by _____

Multiple Low-Risk Local Field Trips

Dates: to be determined (You will be notified prior to the trip on a trip-by-trip basis)

1. I accept 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 and associated risks and hazards, including information beyond that provided to me by the school or board.
3. 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.
4. 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.
5. 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.
6. I acknowledge that it is my duty to advise the teacher of any medical/health concerns of my child that may affect his/her participation.
7. 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.
8. 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.
9. 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

Complete the following information each time for higher risk and overnight trips and **once per school year** for lower risk field trips (Information will be kept on file by the school. Parents / guardians are expected to update the information as changes occur.)
(Attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

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 or Guardian that is filling out and signing this form:

Name (please print) _____ Signature _____