Mark R. Isfeld Secondary
TEAM TRAVEL CONSENT FORM

School Team _____ Date _____

Supervising Adult / Coach (s) _____ Contact Information _____

Supervising Adult / Coach (s) _____ Contact Information _____

Code of Conduct for School Travel

Students shall:

1. Treat ALL others, students and adults with respect.
2. Exercise self-control at all times.
3. Respect the decisions of teachers, chaperones and officials without gesture or argument.
4. Show that it is a privilege to represent the school and community
5. Recognize, and applaud honestly and wholeheartedly, the efforts of others.
6. Abide by all school rules (see School Board's Drug & Alcohol policy is in effect on all trips).
7. Ride to and from the destination in school transportation, unless special arrangements have been made with the teacher in charge and school administration.
8. Be personally responsible for all school equipment and uniforms, and return them in good condition when required.
9. Be courteous and respectful towards all teachers and/or chaperones. Remember that they are volunteering their time for this activity.

Activities

1. Destination and nature of activity _____

Departure _____ (month/day/year) _____ (time) Return _____ (month/day/year) _____ (time)

2. Destination and nature of activity _____

Departure _____ (month/day/year) _____ (time) Return _____ (month/day/year) _____ (time)

3. Destination and nature of activity _____

Departure _____ (month/day/year) _____ (time) Return _____ (month/day/year) _____ (time)

4. Destination and nature of activity _____

Departure _____ (month/day/year) _____ (time) Return _____ (month/day/year) _____ (time)

5. Destination and nature of activity _____

Departure _____ (month/day/year) _____ (time) Return _____ (month/day/year) _____ (time)

6. Destination and nature of activity _____

Departure _____ (month/day/year) _____ (time) Return _____ (month/day/year) _____ (time)

Transportation (*Please be aware that private vehicles and rental vans may not meet the same safety standards as school buses.*)

☐ Private vehicle ☐ School bus ☐ Other (please specify)

Costs associated with activity and/or season _____

All cheques are to be made payable to *Mark R. Isfeld Secondary School.*

CONSENT

_____
Student's Name (Please PRINT)

YES

- ☐ I have reviewed the "Code of Conduct for School Travel" (see above) with my child.
- ☐ I feel that I have received sufficient information from the school and hereby consent to my child taking part in this/these activity (s).
- ☐ The **medical care card number** for the above mentioned student is: _____

_____ _____
Signature of parent/guardian Date

Optional:

☐ YES ☐ NO The above-named student will carry a piece of personal identification on this field trip.

Please return this form to your child's school as soon as possible. Forms must be on file with the school in order to participate.

Comox Valley Schools

PARENT/GUARDIAN CONSENT for NORMAL RISK ACTIVITIES
Form 260-04

KNOWN POTENTIAL RISKS (If applicable)

Check all that apply:

- ☐ Injuries related to motor vehicle incidents enroute to and from the activity area
- ☐ Becoming lost or separated from the group or the group becoming split up
- ☐ Injuries related to slips, trips, and falls in the program area or enroute to / from it
- ☐ Acute or overuse injuries/conditions
- ☐ Injuries related to the physical demands of the activity and/or lack of activity skill
- ☐ Injuries related to colliding with a moving object or with a fixed object
- ☐ Injuries related to ill-fitting equipment, equipment malfunction, or failure to use the equipment properly
- ☐ If outdoors, sub-optimal weather or weather changes create adverse conditions students are not properly dressed for
- ☐ If outdoors, allergic reactions to natural substances
- ☐ If outdoors, injuries related to interactions with animals and plants in the environment
- ☐ Injuries related to capsize of craft or falling out of craft
- ☐ Drowning or near drowning
- ☐ Illness related to poor hygiene
- ☐ Complications of an injury or illness due to remoteness and time to emergency services
- ☐ Psychological injury due to anxiety or embarrassment
- ☐ Other:

PARENTAL/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK

1. 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.
2. 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 his/her participation.
3. 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 provider's administrators, instructors, and supervisors over all phases of the program/activity(ies).
4. 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 my child/ward picked up, unless I have specified other transport arrangements. I assume all related costs.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child/ward that may affect their participation in the stated program or activity(ies).
6. I consent that the board, through its employees, agents and officers, may secure such emergency medical advice and services as they deem necessary for my child/ward's health and safety, and that I shall be financially responsible for any costs related to such advice and services.
7. Based on my understanding, acknowledgement, and consents as described herein,

Please Print:

Name of Student _____ Date of Birth _____ has my permission to participate.

Parent/Guardian Name : _____ Signature: _____

Date: _____

Emergency Contact Numbers: Cell:_____ Other: _____

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

Comox Valley Schools

PARENT/GUARDIAN CONSENT for NORMAL RISK ACTIVITIES

Form 260-04

CONSENT AND ACKNOWLEDGMENT OF RISK FORM

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

LEAD TEACHER OR SUPRVISOR:

DESTINATION / ACITIVITY:

DEPARTURE DATE:	**DEPARTURE TIME:**	**RETURN DATE:**	**RETURN TIME:**

SPECIFY PROGRAM, ACTIVITY, OR EVENT:

PURPOSE OR EDUCATIONAL GOAL(S):

METHOD OF TRANSPORTATION:	**COST TO THE STUDENT:**

WHAT TO BRING:

ITINERAY / ACTIVITIES: (ADDITIONAL ATTACHMENT ☐ Yes ☐ No)

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 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.

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