

## Parent/Guardian Consent - Higher Risk Activities

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This form is intended for use in exchanging relevant information, acknowledgements and consents and, potentially (board determined policy), a limited waiver with parents/ guardians for off-site experiences/ activities of a higher care nature (e.g., outdoor pursuits/aquatics, semi-remote to remote environment, extended duration).

### **Notes:**

POTENTIAL KNOWN RISKS and guidelines for their management are available in the relevant *Safety First!* section(s). (modifiable copies of the potential known risks are available at the end of this Forms File to copy and paste into this form from and then edit as appropriate).

If working with a service provider, in addition to the *Safety First!* list, secure a list of potential known risks from them and add unique items if and as relevant to the outing.

Special additional sections may be added prior to or following the consent and Acknowledgement of Risk Section for aquatics, downhill skiing/snowboarding or other activities. For example, an inquiry may be made regarding the child's swimming level or his/her ski/snowboard level to assist with grouping of students at a venue for lessons in these activities. In another ski/snowboard example, a parent/guardian may be asked to specify whether they allow their child/ward to ski or snowboard a) on expert level (black diamond) runs, b) whether they allow them to enter a terrain park, and/or c) both. A request may be added for parents/guardians to note their availability to attend to help supervise.

## PARENT/GUARDIAN CONSENT for HIGHER RISK ACTIVITIES

Form 260-06

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 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

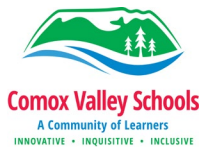
Potential known risks include the following:  
  
Additional comments/requirements:



### CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Program/Activity(ies): \_\_\_\_\_ 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.
- My child/ward has no illnesses, medical conditions or disabilities that make this trip inappropriate for him/her and I know of no health related or other reason why my child should not participate in this trip.
- I will supply suitable clothing for my child's participation in all activities associated with the field trip. I accept full responsibility for any inadequate clothing or equipment which I provide. I am aware that I should contact the school for further information if I am unclear about what clothing or equipment is required for the activities or the possible weather conditions.
- My child/ward is aware and agrees that he or she must wear appropriate safety equipment at all times while doing activities where this is required.
- My child/ward and I understand that a failure to wear required or strongly recommended safety equipment could cause or contribute to a serious injury(ies).
- 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.
- My child/ward 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/ward 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/ward 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). I accept that the board will not be liable for any costs associated with such a cancellation.



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12. I consent that the board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.
13. I grant permission for School District 71 to use, without payment of any fee or charge and without limitation on time or frequency, for nonprofit education and/or promotional purposes only, any photographs, video footage, audiotape or digital images of my child/ward. Yes  No   
My child/ward's identity    May be revealed             May not be revealed
14. Accidents can happen. They can be the result of the nature of the activity and can occur with or without any fault on either the part of the student or the school board or its employees or agents, or the facility where the activity is taking place. In permitting my child/ward to attend this trip, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, to induce me to permit my child to take the trip, other than those set out in this document.

(Name of Student) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ has my permission to participate

Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**PARENTAL/GUARDIAN WAIVER OF LIABILITY (Consult Board Policy re: Inclusion or Exclusion of this Section of the Form)**

I agree that in consideration of School District No. 71 offering my child, \_\_\_\_\_ (name) an opportunity to participate in the activity/trip I waive any and all claims I may personally have, and release from all liability and agree not to sue the Board of Trustees, its officers, employees, agents, volunteers and representatives, for any personal injury, death, property damage or loss as a result of or arising from my child/ward's participation in the trip, arising out of any cause whatsoever, including negligence. I understand that my signature here waives my right to sue on my own behalf for damages I may incur, but not the right for myself or a guardian acting my child/ward's behalf to sue for damages owed the child. The child's rights to sue in the event of negligence are not affected by my signature here.

I am 19 years of age or more and have read and understand the terms of this document and understand that it is binding upon me, my heirs, executors and administrators.

Date

Signature of Witness

Signature of Parent/Guardian

Printed Name of Witness

Printed Name of Parent/Guardian

Address

Address

Date

Signature of Witness

Signature of Parent/Guardian

Printed Name of Witness

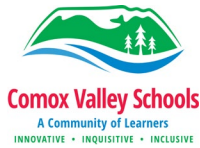
Printed Name of Parent/Guardian

Address

Address

**Note:** This waiver element, if used, must be signed by ALL custodial parents or guardians of a child who is under the age of 19 years.

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.



## PARENT/GUARDIAN CONSENT for HIGHER RISK ACTIVITIES

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

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: (R) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (R) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

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

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

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