

Parent/Guardian Consent for Normal Risk Activities

This form is appropriate for local (e.g., in or near city/town) outings of a comparatively low risk nature, but that are of the sort that parents/guardians should be given specific information (e.g., what group is going where and when to do what) and should provide **specific informed consent**. For example, it should be used if the outing involves transporting students by bus or other vehicle, the outing is longer than just a class period, the activity(ies) have specific inherent risks parents/guardians should be made aware of and consider. Examples might include a bus trip to the museum for Social Studies, the school band traveling to a local music festival to perform, or the school's cross country running club's scheduled practices and race events. Consider what parents/guardians need to know so they can provide informed consent.

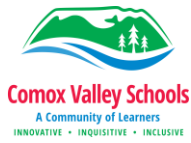
Potential Known Risks: A list(s) of activity-specific inherent risks may be found in *Safety First!* along with guidelines for managing these risks. For convenience, copies of these risks lists have been provided in modifiable form in the full Forms File. Highlight and copy the one(s) needed, paste into the section called Potential Known Risks on the form and edit as relevant to the particular outing. Not every risk noted on the list is necessarily relevant to every situation, so add, delete or modify the list as appropriate.

If working with a service provider, secure a list of potential known risks from them and add relevant ones that are unique to the outing.

Using this form also assumes that the health-related information that has been collected at the beginning of the school year is sufficient and there is no need to secure additional information regarding the students' health and medical status or emergency contacts.

Note: Supervision Arrangements refers to providing parents/guardians with a brief description of the key methods that will be used to supervise the students. It includes addressing questions like supervision ratio; whether the students will be kept in one large group or working in smaller groups; use of head counts, a buddy system, lead/sweep system; other points unique to the activity and/or environment. With older students and/or activities that involve independent movement and in-the-area supervision, it may be appropriate to clarify on the form that this 'includes time when the student will not be in sight of a supervisor'.

Also, please note that additional space is available at the bottom of the form for the school to insert a request for parents/guardians to volunteer on the outing, etc.



PARENT/GUARDIAN CONSENT FOR NORMAL RISK ACTIVITIES

Form 260-04

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): _____

DEPARTURE TIME: _____ RETURN TIME: _____

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:
- 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 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:

Additional Comments/Requirements:

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.



CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Program/Activity(ies): _____ Dates: _____

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 he/she is 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 his/her exclusion from further participation, or that I be contacted to have him/her 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 his/her 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,

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

Date: _____ Name (*Please print*): _____ Signature: _____

Emergency Contact Numbers: Home _____ Daytime _____ Cell _____

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