

PARENT/GUARDIAN CONSENT for NORMAL RISK ACTIVITIES

Form 260-04

CONSENT AND ACKNOWLEDGMENT OF RISK FORM		SCHOOL:	
<p>To the Parent(s)/Guardian(s) of: _____ Grade: _____ Division / Homeroom: _____</p> <p>Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.</p> <p>If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.</p>			
PROGRAM / ACTIVITY INFORMATION:			
LEAD TEACHER OR SUPERVISOR:			
DESTINATION / ACTIVITY:			
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:			
ITINERARY/ACTIVITIES: ADDITIONAL ATTACHMENT <input type="checkbox"/> Yes <input type="checkbox"/> No			

BOARD RESPONSIBILITIES
<p>The board will make every reasonable effort to ensure or ascertain that:</p> <ol style="list-style-type: none"> 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.

*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.*

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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 capsizing 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: _____

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