

PARENT/GUARDIAN CONSENT  
Off-Site Activity (Local Field Trips)

Dear PARENT(s) OR GUARDIAN(s) of:   Grade \_\_\_\_\_                      RM # \_\_\_\_\_                      NAME OF SCHOOL: \_\_\_\_\_

Please read this form carefully. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

**This form must be signed and returned to the school by:** \_\_\_\_\_ for your child to be permitted to participate. Your child may participate in multiple field trips during the school year where they will be off of school property. Below is a list of field trips we plan to take. By signing this form, you give consent for your child to participate and acknowledge the risk. **Additional Field Trip details will be provided (if required).**

Any TBA will be confirmed prior to activity. Principal Signature: \_\_\_\_\_

Lead Teacher/Activity	Destination	Date/ Time & Schedule	Purpose/Educational Goals	Potential Known Risks	Method of Transportation	Cost to the Student	What to Bring	Volunteers/ Supervisors needed

[illegible]

[illegible]

**SCHOOL RESPONSIBILITIES** - The School will make every reasonable effort to ensure or ascertain that:

1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. Every effort is made to identify and manage known potential risks.
6. Emergency Procedures are in place to deal with an injury or illness to any of the students.

**CONSENT AND ACKNOWLEDGEMENT OF RISK** *(Your signature on this form denotes consent)*

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 they 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.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.
7. 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.
8. I acknowledge that the risks include but are not limited to those listed.

**MEDICAL INFORMATION**

**Allergies:**

**Carries EPI-PEN:** ☐ Yes ☐ No

**Carries ANA-KIT:** ☐ Yes ☐ No

**Health/Medical/Physical Issues:**

**Medications:**

**Other:**

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **has my permission to participate.**

**Today's Date:** \_\_\_\_\_ **Parent/Guardian/Emergency Contact Name:** \_\_\_\_\_

**Phone # Day** \_\_\_\_\_ **Phone # Evening** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Parent Signature** x \_\_\_\_\_ **Parent Name (Print)** x \_\_\_\_\_

**DISCLAIMER** - PARTICIPATION IN THIS EVENT IS DEPENDENT ON ACCEPTABLE HEALTH AND SAFETY CONDITIONS AT THE TIME OF THE EVENT. IF PARTICIPATION IS CANCELLED DUE TO UNFORESEEN CIRCUMSTANCES, MEDICINE HAT CATHOLIC BOARD OF EDUCATION WILL NOT ACCEPT RESPONSIBILITY FOR THE EXPENSES INCURRED IN PREPARATION FOR THIS EVENT.