

FIELD TRIP CONSENT and ACKNOWLEDGEMENT of RISK – HIGHER CARE OUTING

Form 6031-05

Page 1 of 2

For normal safety level, form 6031-04 is to be used.

_____ School

_____ Date

To the parent(s)/guardian(s) of _____ in grade _____ and homeroom _____

Please read the entire contents of this form, and clarify any questions or concerns with the supervising teacher BEFORE signing it.

If this form is not signed and returned to the school by _____, your child will not be able to participate.

PROGRAM/ACTIVITY INFORMATION

Destination/Activity _____ Date(s) _____ OR

Series of off-site activities (specify program and exact dates)

Purpose or educational goal(s)

Itinerary/Activities

Method of transportation _____ by _____

Organizing teacher _____ Total number 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 suitable trained and qualified;
- b) The students are adequately supervised over all aspects of the program/activity;
- c) The location used is appropriate and safe for the activity 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 RISKS

Known potential risk include the following:

Additional comments/requirements:

PLEASE COMPLETE IF MULTIPLE ACTIVITIES:

This outing will involve students in the following activities. Parent or guardian, please indicate the student's level of proficiency to advise the organizers. **BEGINNER** indicates no experience, **INTERMEDIATE** indicates participates regularly in this activity, **ADVANCED** indicates capable of instructing and advising others.

	BEGINNER	INTERMEDIATE	ADVANCED
<input type="checkbox"/> Cycling—Road and Mountain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skateboarding, Longboarding, and or Rollerblading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Camping and Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Canoeing and Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rowing and Sailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ice Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required safety equipment for each activity:

- School or venue will provide: _____
- Student must provide: _____

CONSENT and ACKNOWLEDGEMENT of RISK

Destination, activity or program _____ Date _____

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 this program or 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 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.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or I may be contacted to have him/her picked up, unless I have specified other transportation arrangements at my own expense.
6. I acknowledge that it is my duty to advise the organizing teacher of any medical/health concerns of my child that may affect his/her participation.
7. 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.
8. I acknowledge that the trip supervisors may secure transportation 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.
9. Based on my understanding, acknowledge, and consents as described herein, I agree that

_____ has my permission to participate.

Student's name

Student's date of birth

Parent/guardian name (PRINT)

Parent/guardian signature

Date

OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

Print below or attach a separate page if more space is needed.

Student Name _____ Date of birth _____

BC Medical Services Plan Personal Health No. _____ Student School Accident Insurance Yes No

Allergies (e.g. specific drugs, certain foods, insect bites/stings, hay fever – specifically) _____

Reactions 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.) – specifically _____

Please specify the condition(s) and requirements for program modification or specific activities in which your child should not participate. _____

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such) _____

Other health, medical or dietary concerns: _____

Emergency contacts:

1. _____ Phone: (H) _____ (W) _____ (C) _____

2. _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone Number _____

Parent/guardian who is completing and signing this form:

Name (please PRINT) _____ Date _____

Signature _____

Personal information contained in this form is collected and protected under the authority of the *Freedom of Information and Protection of Privacy Act* for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.

For a complete copy of Policy 6031 (Student Travel) and all associated documents, refer to the district website <<http://sd71.bc.ca/sd71/sbo/policy.php>>.

