

**MARK R. ISFELD SECONDARY SCHOOL**  
**Community Consent Form**

Name: \_\_\_\_\_ Student #: \_\_\_\_\_ TA# \_\_\_\_\_

Telephone: \_\_\_\_\_ Grade: \_\_\_\_\_

School-based event or activity

Community-based event or activity

Description of Event or Activity: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Teachers' Initials: Blocks \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ Advisory  
(Required if participating during school hours)

SUPERVISION: The student must have direct adult supervision during this activity and the student agrees to work under this supervision.

TRANSPORTATION: It is the parent's and/or student's responsibility to provide or arrange transportation.

LIABILITY: The board does not assume liability for the actions of the student or the supervisor

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

.....  
ON-SITE SUPERVISOR: Please complete.

Total Hours Worked \_\_\_\_\_

Did the student demonstrate a positive and respectful attitude during this event or activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was the student able to work cooperatively with others during this event or activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:  
\_\_\_\_\_

On Site Supervisor: \_\_\_\_\_

Name - please print

\_\_\_\_\_

Signature