



## Consent of Parent/Guardian – Higher Risk Field Trip

School Name: \_\_\_\_\_

### Coast Mountains Board of Education SD 82

|   |                |                                |                  |
|---|----------------|--------------------------------|------------------|
| Student Name:   | Grade:         | DOB:                           | Parent/Guardian: |
| Parent/Guardian Contact Number  | Day:           | Evening:                       |                  |
| Please read the contents of this Consent and Acknowledgement of Risk form. <b>Clarify any questions or concerns with the Lead Teacher BEFORE signing it.</b> If this form is not signed and returned to the school by: _____, your child WILL NOT BE ALLOWED TO ATTEND.   |                |                                |                  |
| <b>Program/Activity Information</b>   |                |                                |                  |
| Destination/Activity:   |                | Date(s):                       |                  |
| Series of off-site activities: (specify program)  |                |                                |                  |
| Purpose or educational goals(s):  |                |                                |                  |
| Itinerary/activities:   |                |                                |                  |
| Method of Transportation:   |                | By:                            |                  |
| Lead Teacher:   |                | Number of Supervisors Planned: |                  |
| Supervisory arrangements:   |                |                                |                  |
| Cost to the student:  | What to bring: |                                |                  |
| Other considerations:   |                |                                |                  |
| <b>Board Responsibilities</b>   |                |                                |                  |
| The board will make every reasonable effort to ensure or ascertain that:<br>1. the staff, volunteers and/or service providers involved are suitably trained and qualified<br>2. the students are adequately supervised over all aspects of the program/activity<br>3. the location(s) used are appropriate and safe for the activity(ies) and group<br>4. equipment used has been inspected and deemed appropriate and safe<br>5. a Safety Plan is in place to identify and manage known potential risks<br>6. an Emergency Plan is in place to deal with an injury or illness to any of the students   |                |                                |                  |
| <b>Potential Known Risks</b>  |                |                                |                  |
| Potential known risks include the following:  |                |                                |                  |
| Additional Comments/Requirements:   |                |                                |                  |
| <b>Consent and Acknowledgement of Risk</b>  |                |                                |                  |
| <b>Destination/Activity/Program:</b>  |                | <b>Dates:</b>                  |                  |
| 1. I accept the mode of transportation for this activity.<br>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 provide to me by the school or board.<br>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<br>4. My child has been informed that s/he 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.<br>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, that I be contacted to have him/her picked up, or specify other transport arrangements that I will be responsible for.<br>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 his/her participation in the stated program or activity.<br>7. I acknowledge the Board may choose to cancel the trip if travel conditions are deemed unsafe and will be responsible for any costs associated with cancellation.<br>8. I acknowledge 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.<br>9. Based on my understanding, acknowledgement, and consents as described herein, I agree that:<br><br>_____ has my permission to participate.<br>Name of student _____ |                |                                |                  |
| Signature Parent/Guardian (relationship to student)   |                | Date                           |                  |

Personal information contained on this form is collected under the authority of the Schools Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.



### Field Trip Emergency Medical Information

|  |  |
|--|--|
| Student Name:  | Birth Date:  |
| BC Medical Health Number:  | Student School Accident Insurance <input type="checkbox"/> yes <input type="checkbox"/> no |
| Allergies eg. specific drugs, certain foods, insect stings, hay fever  |  |
| Reaction(s) to above?  |  |
| Carries EpiPen <input type="checkbox"/> yes <input type="checkbox"/> no  |  |
| Medical/physical conditions that may affect participation in the stated program/activity (eg. recent illness/injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) Be specific |  |
|  |  |
|  |  |
|  |  |
| Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### Medication(s) taken at this time:

|  |         |                            |          |
|--|---------|----------------------------|----------|
| name:                                  | reason: | dosage:                    | storage: |
| side effects:                          |         | treatment of side effects: |          |
| Other health/medical/dietary concerns: |         |                            |          |
|  |         |                            |          |
|  |         |                            |          |

### Emergency Contacts

|                                 |            |            |       |
|---------------------------------|------------|------------|-------|
| Name:                           | phone: (H) | phone: (W) | Cell: |
| Name:                           | phone: (H) | phone: (W) | Cell: |
| Name of Physician:              |            | Phone:     |       |
| Name of Parent completing form: |            |            |       |
| Signature of Parent:            |            | Date:      |       |
|                                 |            |            |       |