



Consent of Volunteer – Higher Risk Field Trip

School Name: _____

Coast Mountains Board of Education SD 82

Program/Activity Information (Read Activity Information prior to completing this form)					
Volunteer Name:		Phone:		E-Mail:	
Lead Teacher:		Phone:		E-Mail:	
Program/Activity:				Date(s):	
OR Series of Field Trip activities:					
Board Expectations for Volunteers					
1. review and comply with relevant board policy		5. support and follow the school code of conduct			
2. have qualifications appropriate for field trip activity		6. report any inappropriate conduct to the lead teacher			
3. know the details of the field trip activity and their specific duties, responsibilities and authority prior to departure		7. adhere to the schedule or itinerary			
4. exhibit positive behaviour and be an acceptable role model		8. dress appropriately for the off-site activity			
Potential Known Risks					
Potential known risks include the following:					
Consent and acknowledgement of risk					
1. I accept the mode of transportation for (Name of 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/hazard inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement					
4. I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance					
5. I agree to abide by the rules and regulations including directions and instructions from the schools/service provider's administrators and staff while volunteering in the program or activities					
6. I acknowledge that it is my duty to advise the Board of any medical/health concerns that may affect my participation					
7. I understand that I am obliged to keep confidential any student personal information (in particular, health information) that is disclosed to me by the school, except as required for the purposes of discharging my obligations on the field trip					
8. I acknowledge the Board may choose to cancel the trip if ravel conditions are dangerous for whatever reason, deemed unsafe (eg. weather, health issues) and accept the Board will not be liable for any costs associated with said cancellation					
9. I acknowledge the trip supervisors may secure such emergency medical services (eg. ambulance) deemed necessary for my immediate health and safety, and that I shall be financially responsible for such services					
I understand, acknowledge and consent to the above as described herein.					
Volunteer name (please print):		Signature:		Date:	
Parent/Guardian signature if volunteer is under 18 years of age:					
Field Trip Emergency Medical Information (if applicable)					
Volunteer Name:		Date of Birth (optional):			
BC Medical Services Plan Personal Health Number:					
Allergies (eg. specific drugs, certain food, insect stings, hay fever):					
Reaction to above:		Carries Epipen <input type="checkbox"/> yes <input type="checkbox"/> no		Carries Ana Kit? <input type="checkbox"/> yes <input type="checkbox"/> no	
Medical/physical conditions that may affect participation in the program/activity: (eg. recent illness/injury, chronic conditions, phobias etc.)					
Specify the conditions and requirements for program modification or specific activities you should not do:					
Medication(s) taken at this time		name:	reason:	dosage:	
storage:		potential side effect/treatment of such:			
Other health/medical/dietary concerns:					
Emergency Contacts and Phone Numbers		1.	(H)	(W)	(C)
		2.	(H)	(W)	(C)