



**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM**

_____ **School**

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____

Please read the contents of this Consent and Acknowledgement of Risk form and clarify any questions or concerns with the teacher/leader before signing it. If this form is not signed and returned to the school by _____, your child will not be allowed to participate in the activity.

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: _____ DATE(S): _____ OR
SERIES OF OFF-SITE ACTIVITIES (Specify program): _____
EDUCATIONAL PURPOSE/GOAL(S) OF ACTIVITY: _____
ITINERARY/ACTIVITIES: _____
METHOD OF TRANSPORTATION: _____ BY: _____
TEACHER-IN-CHARGE: _____ TOTAL NO. 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 the following:
- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
 - b. In cases where students are being transported by parents and/or teachers in connection with the above-noted activity, Frontier School Division will ensure that insurance coverage is in place in accordance with Board policy and that each driver holds a valid driver's license, vehicle registration and the vehicle has sufficient seat belts for the number of passengers.
 - c. The students are adequately supervised over all aspects of the program/activity.
 - d. The location(s) used is appropriate and safe for the activity(ies) and group.
 - e. Equipment used has been inspected and deemed appropriate and safe.
 - f. A safety plan is in place to identify and manage known potential risks.
 - g. An emergency plan is in place to deal with an injury or illness to one of the students.

Potential known risks include the following:

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. 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.
2. 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 due to an unforeseeable event associated with his/her participation.
3. In consideration for the privilege of allowing my child to participate in the above-noted activity, I release Frontier School Division and its staff from and against any and all liability for any injury sustained by my child, regardless of how caused, resulting, arising or relating to my child's participation in the above noted-activity. I further agree to indemnify and save harmless Frontier School Division and its staff or agents from and against any and all suits, demands, torts, and action of any kind which may be made against its staff or agents from or in respect of arising out of any injury, loss, damage, or death resulting or suffered by my child whether by reason of any act, neglect or default by my child, Frontier School Division, Frontier School Division's staff, their agents or otherwise.
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 that I be contacted to have him/her picked up, unless I have specified other transportation arrangements.
6. I acknowledge that it is my responsibility to advise the Board, through its employees, of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
7. I consent that the Board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
8. Based upon my understanding, acknowledgement, and consents as described herein,

(Name of Student) _____ has my permission to participate in
 the (Destination/Program) _____ field trip/activity.

Date: _____ Name (*Please print*): _____ Signature: _____

The personal information contained on this form is collected under the authority of *The Public Schools Act, The Education Administration Act, and 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 Principal.

Adopted September 1, 2009		
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