



SCHOOL: _____

PLEASE READ CAREFULLY and return to the school by _____, 200__.

FIELD TRIP/SCHOOL ACTIVITY Consent of Parent or Guardian and Acknowledgement of Risk

The **TEACHER** has completed this section for parental information. Parents are asked to read and consent to the information provided below.

A. Select either (i) or (ii)

(i) The student will be given the opportunity to participate in the following program or activity (or as attached) (please specify program): _____

a) Location: _____

YES, this is a City of Red Deer facility.

b) Date: _____

c) Supervisor in Charge: _____

(ii) The student will be given the opportunity to participate in the attached series of off-site activities, as part of the _____ program.

Site Activities: _____

***See the attached list for activities, date, location, and supervisor in charge.**

B. Red Deer Public Schools will make every reasonable effort to ascertain that:

- a) The supervisors and staff of any Service Providers (e.g. bus drivers, venue staff) are fully trained and qualified.
- b) The students who undertake the program or activities will be adequately supervised.
- c) The location and/or facilities meet the applicable health and safety standards.
- d) Any equipment made available by the Service Provider or used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
- e) The location where the activity will take place is appropriate and safe.
- f) The Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.

The potential hazards that may be associated with this activity/program include, but are by no means an exhaustive list of potential hazards, and therefore are not limited to the following: (if additional space is required, please add a separate sheet)

C. FIELD TRIP TRANSPORTATION

The following means of transportation will be provided: _____

PARENTS/GUARDIANS: PLEASE COMPLETE THE SECTIONS BELOW.

STUDENT SURNAME: _____ STUDENT FIRST NAME: _____

D. CONSENT TO FIELD TRIP TRANSPORTATION (Please check one)

- Yes I accept this mode of transportation for this activity **OR**
 No In the event that you do not consent to accept transportation, your child will not be able to participate in this field trip/school activity.

E. CONSENT TO FIELD TRIP PARTICIPATION

1. I am satisfied that I have been informed of my right to obtain as much information about this program, or activity as I feel necessary, including information beyond that information provided to me by the school or Board to the extent that I require and am not, in any way, relying solely upon information provided by Red Deer Public Schools respecting the nature and extent of the risks and hazards associated with the program or activity.
2. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge to the school and the City of Red Deer, in that event the location is a City of Red Deer facility, that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable event.
3. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in the planning and information sessions and meeting of all prerequisites prior to his/her participation in the activity or program.
4. In the event that my child fails to abide by the rules and regulations imposed on the student while participating in the program or activities, disciplinary action may either require that he/she not participate in the program or activity, or that I will be contacted to have him/her picked up.
5. I acknowledge that it is my responsibility to advise the Board of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.
6. I consent that the Board, through its employees, agents, and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
7. I understand the Board of Trustees will monitor the level of risk and assess the potential for liability associated with these field trips and reserves the right to cancel a trip at any time. In the event that a field trip is cancelled, the School Board will not provide compensation or reimbursement to parents, students or staff for any costs associated with the field trip.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that my child has my permission to participate in this program or activity.

Date: _____ Parent Name: _____ Signature: _____

Date: _____ Student Name: _____ Signature: _____
(student to sign if in high school only)

HEALTH INFORMATION (Supervisor-in-charge will have this information during the Off-Site Activity/ies to address health and medical needs including emergencies) **Please complete if current medical information has changed since school registration.**

Alberta Health No.: _____ Birth Date: _____

Allergies: _____

Medical Conditions: _____

Medications taken (name, reason, dosage) _____

Medical Treatment Restrictions (if any) e.g. blood transfusions: _____

Dietary Restrictions (if any): _____

Other Concerns: _____

Emergency Contact(s):

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

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