



Off-Site Activity(ies) and "Acknowledgement of Risk"
Consent of Parent / Guardian Form

School Name: _____ Date: _____

To the Parent(s) / Guardians of: _____

Homeroom / Class: _____

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Teacher / Coach / Leader **before** signing it.

If this form is not signed and returned to the school by _____, your child **will not be allowed to attend / participate**.

Program / Activity Information

Date of Field Trip: _____ Cost: _____

Field Trip / Activity Series: _____ OR

Series of Off-Site Activities (Specify Program): _____

Schedule Attached

Teacher / Coach / Leader-in-Charge: _____

Phone: _____ Email: _____

Board Responsibilities

The Board will make every reasonable effort to ensure or ascertain that:

- a) The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b) The students are adequately supervised during all aspects of the program / activity.
- c) The location(s) used are appropriate and safe for the activity(ies) and group.
- d) A *Safety Plan* is in place to identify and manage known potential risks.
- e) An *Emergency Plan* is in place to deal with an injury or illness to any of the students.

Elements of Risk & Student Responsibilities

Potential elements of risk and student responsibilities (describe or attach):

Please note: Livingstone Range School Division provides for eligible permanent resident students to 19 years of age (foreign exchange and international students are not eligible) limited accidental death, disability, dismemberment or medical expenses insurance. **It is strongly recommended that you purchase additional student accident insurance if you do not already have your own private coverage.** Please be aware that insurance packages distributed through schools are available for additional coverage.

Consent & Acknowledgement of Risk

1. Mode of Transportation: _____
by: _____
accept this mode of transportation for this activity: Yes No
2. I acknowledge the *Elements of Risk* and *Student Responsibilities* provided as well as 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 the Board.
3. I freely and voluntarily assume the risks / hazards inherent in the program / activity and understand and acknowledge that my child may suffer personal injury and potentially serious injury due to an unforeseeable event related to his / her participation.
4. My child has been informed that he/she is to abide by the Rules and Regulations, including directions and instructions from the schools and/or service providers, 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 may be contacted to have him/her picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my duty to advise the school of any medical / health concerns of my child that may affect his/her participation.
7. I acknowledge that the Board may choose to cancel the trip if travel conditions are for whatever reason deemed unsafe (e.g., weather, health advisory). I accept that the School or Board will not be liable for any costs associated with such a cancellation.
8. 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.
9. Based on my understanding, acknowledgement and consents as described herein, I agree that the following named student has my permission to participate in the field trip / program as named below.

Name of Student: _____

Name of Field Trip / Program: _____

Parent / Guardian (Please Print): _____

Signature: _____ Date: _____

Field Trip Emergency Medical Information *Please complete the following or attach a separate page if more space is required.*

Student Name: _____ Birth Date: _____

Student Accident Insurance: Yes No Policy #: _____

Allergies (e.g., Specific drugs, certain foods, insect stings, hay fever.) Please specify:

Reaction(s) to above? _____

Carries Epi Pen? Yes No Carries ANA Kit? Yes No

Medical / physical conditions that may affect participation in the stated program / activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Please be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) required: Yes No

If Yes, *Request for School Assistance with Administration of Medication(s)* **must** be attached.

Other Health / Medical / Dietary concerns:

Emergency Contacts:

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