



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

**STUDENT NAME:** \_\_\_\_\_

**PROGRAM / ACTIVITY** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **Teacher(s) In Charge** \_\_\_\_\_

**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 over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

- 1. I accept the mode of transportation which is \_\_\_\_\_
- 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/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.
- 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 transport arrangements.
- 6. I acknowledge that it is my responsibility to advise the Board of any medical and/or health concerns of my child which 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 on my understanding, acknowledgement, and consents as described herein, I agree that my child has my permission to participate in this program/activity.

**Date:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**TRIP EMERGENCY MEDICAL INFORMATION:**

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ AB Health Care No. \_\_\_\_\_

Family Doctor and Telephone Number: \_\_\_\_\_

Allergies (eg: specific drugs, certain foods, insect stings, hay fever) Specify: \_\_\_\_\_

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

Medication(s) taken (name, reason, dosage, storage, potential side effect/treatment of such): \_\_\_\_\_

Other Health/Medication/Dietary Concerns: \_\_\_\_\_

**Emergency Contacts:**

1. \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

2. \_\_\_\_\_ Phone(H): \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

The personal information contained on this form is under the authority of the School Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.