



## Field Trip Annual Consent Form (Low Risk Activities)

I/We understand that the Sturgeon School Division #29 (the District) arranges for students within the District to participate in field trips, which, in the opinion of the District, have definite educational, athletic, or cultural value and are considered in the category of **low risk** activities. These day trips are very common and happen quite regularly throughout the school year. This form is not intended to request your approval for field trips that are considered high risk or overnight activities. A separate permission form will be sent home for high risk or overnight field trips.

I/We understand that any medical information requested would be collected for the purpose of student safety during field trips, including student athletic events (which are generally considered to have an inherent element of risk of injury despite all safety precautions).

I/We, being the custodial parent(s) or guardian(s) of \_\_\_\_\_ (the "student") consent to the student participating in any such field trips arranged by the District, and we authorize the participation by the student. It is understood that my/our consent and authorization are subject to the following conditions:

- (1) The District, through the relevant school, will advise me/us in writing of the following particulars of any field trip two weeks, if possible, and at least three school days, at minimum, prior to the intended date of the field trip:
  - (a) destination;
  - (b) arranged supervision;
  - (c) date(s) and time(s);
  - (d) transportation plans;
  - (e) associated risks that should be highlighted regarding the field trip;
  - (f) costs, if any; and,
  - (g) a telephone number through which additional information on the field trip may be obtained.
- (2) I/We acknowledge my right to obtain as much information as I require about the program(s) or activity(ies) and associated risks and hazards, including information beyond that provided to me by the school or Board.
- (3) I/We freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal injury due to an unforeseeable event associated with his/her participation. 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.
- (3) I/We have the right to advise the District, through the relevant school, in writing, at least two school days before the commencement of any particular field trip, that I/we do not consent to the student participating in the field trip, in which event my/our consent and authorization will be considered as withdrawn for the particular field trip and the student shall not be allowed to participate in such field trip.
- (4) I/We have read, as per the reverse, the students' responsibilities, have discussed these with my child, and will comply with the parents'/guardians' responsibilities.
- (5) This consent, authorization and waiver shall be in effect for the current school year only.

DATED at \_\_\_\_\_, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Custodial Parent/Guardian

\_\_\_\_\_  
Print Name

**Board Responsibility**

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

- Liability insurance is provided.
- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.

**Students' Responsibilities**

Each student participating in a field tip shall:

- Comply with the rules and regulations, including directions and instructions from the school's and or service providers, administrators, instructors, and supervisors over all phases of the program/activity.
- Be prepared for the particular type of field trip (i.e., wear appropriate clothing and footwear to be prepared for possible seasonal weather variances).
- Participate in a responsible and cooperative manner during the trip.
- Complete all academic activities related to the field trip before, during, and after the trip in a satisfactory manner.

**Parents/Guardians' Responsibilities**

Parents/Guardians are responsible to:

- Return the signed authorization form to the school by the required deadline.
- Advise the school of any medical and/or health concerns or dietary restrictions which may affect his/her participation in the stated program or activity.
- Ascertain if the level of risk associated with the trip is appropriate for their child.
- Reinforce with their child the importance of appropriate behaviour while on the field trip.

**Trip Emergency Medical Information**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ AB Health Care No. \_\_\_\_\_

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

Allergies (specify) \_\_\_\_\_

Reaction to above \_\_\_\_\_ Carries Epi Pen  Yes  No

Medical/Physical Conditions \_\_\_\_\_

Medications taken \_\_\_\_\_

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

**Emergency Contacts**

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

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