



**SCHOOL** \_\_\_\_\_

**TRIP INFORMATION**

(To be completed by school / Trip organizer)

To the Parent(s)/Guardian(s) of: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

This form must be signed and returned to the school by \_\_\_\_\_, for your child to attend the field trip.

**OPTIONAL NATURE OF FIELD TRIP**

**I understand that participation in this trip is optional. If my child does not participate attendance at school is expected and a viable and planned educational program will be made available in the school.**

**PROGRAM/ACTIVITY INFORMATION**

<b>Destination/ Activity:</b>			
<b>Date(s):</b>			
<b>OR</b>			
<b>Series of off-site activities (specify program and dates):</b>			
<b>Purpose or educational goal(s):</b>			
<b>Curricular connections:</b>			
<b>Itinerary/Activities:</b>			
<b>Method of transportation:</b>		<b>By:</b>	
<b>Lead teacher:</b>		<b>Total no. of Supervisors planned:</b>	
<b>Supervisory arrangements:</b>		<b>Cost to the student:</b>	
<b>What to bring:</b>			
<b>Student training/ Preparation to be able to participate safely:</b>			
<b>Other considerations:</b>			

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.



**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.
- e. A Safety Response Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to any of the students.

**Additional Comments/Requirements:**

**POTENTIAL KNOWN RISKS**

*Prior to providing consent parents or guardians must be aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to:*

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.



**EMERGENCY PLAN (in case of student injury or illness)**

Empty space for the Emergency Plan.

**CONTINGENCY PLAN (should situations dictate a change to logistics)**

Empty space for the Contingency Plan.

**\*\*\* SIGN AND RETURN THE PORTION BELOW. RETAIN THE PREVIOUS PAGES FOR YOUR REFERENCE**

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.



**CONSENT AND ACKNOWLEDGEMENT OF RISK**

**Destination/Activity/Program:** \_\_\_\_\_

**Date(s):** \_\_\_\_\_

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 arising from his/her participation.
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 and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. 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.
5. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

has my permission to participate.

\*Parent/Guardian: If this field trip involves swimming, please indicate your child's proficiency to assist with safety planning:

Beginner	Intermediate	Advanced
----------	--------------	----------

Date: \_\_\_\_\_ Name (*Please print*): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.



**ADMINISTRATION PROCEDURES**

School District No. 27 (Cariboo-Chilcotin)

**APF\_343\_ HIGH- RISK FIELD TRIP  
PARENT/GUARDIAN CONSENT AND  
ACKNOWLEDGEMENT OF RISK**

**NOTE:** This form must be signed by **ALL** custodial parents or guardians of a child who is under the age of 19 years.

Date: _____	
_____ <b>Signature of Witness</b>	_____ <b>Signature of Parent/Guardian</b>
_____ <b>Printed Name of Witness</b>	_____ <b>Printed Name of Parent/Guardian</b>
_____ <b>Address</b>	_____ <b>Address</b>

Date: _____	
_____ <b>Signature of Witness</b>	_____ <b>Signature of Parent/Guardian</b>
_____ <b>Printed Name of Witness</b>	_____ <b>Printed Name of Parent/Guardian</b>
_____ <b>Address</b>	_____ <b>Address</b>

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.