

**FIELD TRIP INFORMED CONSENT**

**The Battle River School Division \_\_\_\_\_ School**

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT/GUARDIAN OF A PARTICIPATION STUDENT.**

**ELEMENTS OF RISK:** Educational activity programs, such as those listed below, involve certain elements of risk. Injuries may occur while participating in these activities.

**PARENT/GUARDIAN --** Initial by each activity that the student will attend. Indicate "NO" beside any activity(ies) the student is NOT permitted to attend.

<b>P/G initials for permission</b>	<b>Description of Activity</b>	<b>Dates</b>	<b>Location / Facility</b>	<b>Address City/Town</b>	<b>Transportation (ie. school bus)</b>	<b>Cost for Student /Parent</b>	<b>Elements of Risk (examples of types of injury which may result, but not limited to)</b>	<b>Student/Parent supplied equipment</b>

Due to inclement weather, alternative activities of similar or lesser risk levels may be substituted for the above noted activity.

The *Safety Guidelines for Physical Activity in Alberta Schools* will be followed.

The risk of sustaining these types of injuries result from the nature of the activities and can occur without fault of either the student or the school board, its' employees/agents or the facility where the activities are taking place. By choosing to take part in these activities, you are accepting the risk that you/your child/the student may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity. If you choose to participate or allow your child/the student to participate, you must understand that you bear the responsibility for any injury that may occur.

Information about the student that field trip personnel need to know for these activities: (Medical or other) \_\_\_\_\_

The Battle River School Division **does not** provide extensive accidental death, disability, or dismemberment or medical expense insurance on behalf of the students participating in these activities. The Board only provides a **basic** coverage with limited coverage for Battle River Students Division students in attendance at or participating in any school activity approved and supervised by proper school authority.

**ACKNOWLEDGEMENT:** We have read the above. We understand that by participating in the activities described above, we are assuming the risks associated with doing so.

Signature of Parent/Guardian: \_\_\_\_\_ Date (Month/DD/YY): \_\_\_\_\_ Signature of Student: \_\_\_\_\_ Date (Month/DD/YY): \_\_\_\_\_

**PERMISSION:** If the student requires medical attention, I authorize the supervisor(s) to seek necessary medical treatment.

I give \_\_\_\_\_ permission to participate in the above noted activities. Emergency contact person: \_\_\_\_\_  
(student)

Signature of Parent/Guardian: \_\_\_\_\_ Date (Month/D/Y): \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

**This form may not be amended or modified in any way.**

If this form is amended or modified in any way, it is understood that the student named herein will not participate in the above-noted activity.