



AP 7-612 – OFF-SITE ACTIVITY(IES) CONSENT OF VOLUNTEER

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to reading and completing this form)

Volunteer Name: _____ Phone Number: _____ E-mail: _____
 Program/Activity: _____ Date (s): _____ **OR**
 Series Of Off-Site Activities (Specify Program): _____
 Teacher-In -Charge: _____ Phone: _____ E-mail: _____

BOARD EXPECTATIONS FOR VOLUNTEERS

Volunteers are an important part of the leadership team for an off-site activity and are expected to:

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| a) Review and comply with relevant board policy.
b) Have qualifications appropriate for the off-site activity.
c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure.
d) Exhibit positive behaviour and be an acceptable role model | e) Support and follow the school code of conduct.
f) Report any inappropriate conduct to the teacher-in-charge.
g) Adhere to the schedule or itinerary.
h) Dress appropriately for the off-site activity. |
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POTENTIAL KNOWN RISKS

Potential known risks include the following:

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: _____ By: _____
2. I accept this mode of transportation for this activity: Yes No **OR**
 I will provide my own transportation: Yes No **OR**
 I consent to the use of my vehicle for the transportation of students for this activity: Yes No
 If I will be transporting students in my vehicle, I have completed a Volunteer Driver Authorization Application form: Yes No
3. 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.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury due to an unforeseeable event associated with my volunteer involvement.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the 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 health and safety, and that I shall be financially responsible for such advice and services.
9. I understand, acknowledge and consent to the above as described herein.

Date: _____ Name (*Please print*): _____

Signature: _____

Continued on the following page



FIELD TRIP/ACTIVITY EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)

Volunteer Name: _____ Birth Date (optional): _____

Manitoba Health Registration No. (6-digit) _____ Manitoba PHIN (9-digit): _____

Allergies (e.g., 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 program/activity (e.g., recent illness/injury, chronic conditions, phobias) _____

Specify the condition(s) and requirements for program modification or specific activities you should not do:

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

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

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

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

The personal information contained on this form is collected under the authority of the Public Schools Act, the Education Administration 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.