



AP 7-611 – OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN FORM B – HIGH RISK FIELD TRIPS

To the Parent(s)/Guardian(s) of: _____ Homeroom: _____
Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.
If this form is not signed and returned to the school by _____, your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP: _____ DATE(S): _____ OR
SERIES OF OFF-SITE ACTIVITIES (Specify program): _____
TEACHER-IN-CHARGE: _____ PHONE: _____ E-MAIL: _____

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 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 one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

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CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: _____ By: _____
2. I accept this mode of transportation for this activity: Yes No
If no, specify alternative: _____
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 my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.
5. 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 providers administrators, instructors, and supervisors over all phases of the program/activity.
6. 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.
7. I acknowledge that it is my duty to advise the board of any medical/health concerns of my child that may affect his/her participation.
8. 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 advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
9. 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.
10. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) _____ has my permission to participate in the
_____ field trip/program.

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

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.



FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

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

Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) 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.). Be specific:

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 effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

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

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

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