

Forms Manual F 6-03-C

## Informed Consent/Permission for Extra-Curricular or Co-Curricular Trips, Field Trips and Excursions

(Students Under 18 Years) To be completed for all off-campus trips including extra-curricular trips, co-curricular trips, field trips, excursions within Alberta, and excursions within Canada

| School   |   |  |                               |                 |                         |               |  |
|--|---|--|-------------------------------|-----------------|-------------------------|---------------|--|
| Class/Group  |   |  |                               |                 | Number of students:     |               |  |
| Lead Teacher Name                                      |   |  | Dates of Trip:                |                 |                         | •             |  |
| Event and Destination                                  |   |  |                               |                 |                         |               |  |
| Post-event Pick Up<br>Procedure (Teacher)              |   |  | Other Pick-Up<br>Arrangements |                 |                         |               |  |
| THIS FORM MUST BE R<br>GUARDIAN OF A PART              |   | AND SIGNED BY EVERY STUDENT VING STUDENT.  | WHO WISHES TO                 | PARTICIPAT      | E AND BY A PAR          | RENT OR       |  |
| A. MODE OF TRAI  | NSPO  | RTATION: School Bus Vo   | olunteer Vehicle              | Oth             | er (specify)            |               |  |
| PARENTS, please note: Please                           | ease cal  | II (780) 674-8509 to ensure that the bus dri   | ver is aware of any           | concerns or cor | ditions specific to yo  | ur child.     |  |
| B. ELEMENTS O  | F RIS   | K:   |                               |                 |                         |               |  |
| participating in these acti                            | vities.   | such as<br>The following list includes, but is not l   | imited to, exampl             |                 |                         |               |  |
| List all Elements of Risk:                             |   |  |                               |                 |                         |               |  |
|  |   |  |                               |                 |                         |               |  |
| the school board, its' empare accepting the risk that  | oloyees<br>t you/y  | •  | y is taking place.            | By choosing t   | o take part in this a   | activity, you |  |
|  |   | g can be reduced by carefully followin   | _                             |                 |                         | -             |  |
| If you choose to participa bear the responsibility for |   | jury that may occur.   |                               | , у             | ou must understar       | nd that you   |  |
| The student accident insu                              | ırance  | No. 7 does provide student accident in policy is purchased through Industriales school, board office and/or by calling | Alliance Pacific (I           | Box 5900, Van   | couver, BC V6B 5        |               |  |
| C. ACKNOWLED   | GEME  | ENT  |                               |                 |                         |               |  |
|  |   | WE UNDERSTAND THAT BY PARTI<br>CIATED WITH DOING SO.   | ICIPATING IN TH               | IE ACTIVITY D   | ESCRIBED ABO\           | /E, WE ARE    |  |
| Signature of Student:                                  |   |  | Date:                         | Date:           |                         |               |  |
| Signature of Parent/Guardian:                          |   |  | Date:                         | Date:           |                         |               |  |
| D. PERMISSION  |   |  |                               |                 |                         |               |  |
| I give   | give permission to participate in the (description of activity) |  |                               |                 |                         |               |  |
|  |   | (date)   |                               | (d              | escription of activity) |               |  |
| Signature of Parent/Guardian:                          |   |  | Date:                         | Date:           |                         |               |  |
|  |   |  |                               |                 |                         |               |  |

This information is collected under the Authority of the *Freedom of Information and Protection of Privacy Act* Section 33 c. This information will be used to identify practices or conditions which may affect the safety and care of the students. For further information you may call the Principal or FOIP Coordinator at 674-8500.

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