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	DUNSTABLE SCHOOL				
Class/Group	GRADES 4-6			Number of students:	27
Lead Teacher Name	MR. DACHYSHYN & MISS BRABEN	Dates of Trip:	OCT 25, NOV 6, 21, & 29		
Event and Destination	VOLLEYBALL GAMES				
Post-event Pick Up Procedure (Teacher)		Other Pick-Up Arrangements	(to be completed by Parent, if required)		

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

A. MODE OF TRANSPORTATION: School Bus [✔] Volunteer Vehicle [ ] Other (specify) [ ]_____

PARENTS, please note: Please call (780) 674-8509 to ensure that the bus driver is aware of any concerns or conditions specific to your child.

B. ELEMENTS OF RISK:

Educational activity programs, such as VOLLEYBALL involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in VOLLEYBALL GAMES:

List all Elements of Risk:

Bus accidents, sprains, broken bones, bruises, etc.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child 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 in Volleyball on Oct 25, Nov 6, 21, & 29, you must understand that you bear the responsibility for any injury that may occur.

Pembina Hills Regional Division No. 7 does provide student accident insurance on behalf of the students participating in this activity. The student accident insurance policy is purchased through Industrial-Alliance Pacific (Box 5900, Vancouver, BC V6B 5H6) and policy details are available at the school, board office and/or by calling Industrial-Alliance Pacific at 1-800-556-7411.

C. ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

D. PERMISSION

I give _____ permission to participate in the Volleyball Games
(name of student) (description of activity)

To be held on or about Oct 25, Nov 6, 21, & 29.
(date)

Signature of Parent/Guardian: _____ 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.