

Christ the Teacher Catholic Schools

**Curricular Trip: Parent Consent and Acknowledgement of Risk Form
Level 2-3 Risk**

(e.g. downhill skiing, canoeing, overnight trips, etc.)

Dear Parent(s)/Guardian(s):

Please read the contents of this form. Please clarify any questions or concerns with the Lead Teacher before signing the form.

This form must be returned by xxxx.

Destination/Activity:		Grade:
Departure Date & Time:		Return Date & Time:
Lead Teacher:		
Other Supervisors (parents/volunteers):		
Transportation Plans:		

1. **Educational Goals**
2. **Itinerary (please include activities, times, places, accommodations - this may be provided as an attachment to the form)**
3. **Projected Trip Funding and Costs**
 - 3.1. **Sources of Funding**
 - 3.2. **Cost per Student**
 - 3.3. **Provisions for Those Unable to Pay**
4. **Special Clothing or Equipment Required**

5. Elements of Risk and Safety Plan (Briefly describe the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity or group.)

Educational activity programs such as (name activity) involve certain elements of risk. Injuries may occur while participating in these activities.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of the student or the school division, 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 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.

The Board of Education does not provide accidental death, disability or dismemberment or medical expense insurance on behalf of the students participating in this activity.

EMERGENCY MEDICAL INFORMATION

Please indicate any medical conditions that may affect participation in the programs or activities identified in this trip (e.g. recent illnesses or injuries, recent hospitalization, surgery, chronic conditions, phobias, etc.). As well, please specify any medications taken at this time (name, reason, dosage, storage, potential side effects/treatment of such) or any other health/medical/dietary conditions.

EMERGENCY CONTACTS

_____	_____	_____	_____
Contact	Home Phone	Work Phone	Cell Phone

_____	_____	_____	_____
Contact	Home Phone	Work Phone	Cell Phone

PHYSICIAN

_____	_____
Physician	Work Phone

CONSENT AND ACKNOWLEDGEMENT OF RISK

- I accept the mode of transportation for this activity.
- 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.
- 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 arising from his/her participation.
- 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 provider's administrators, instructors, and supervisors over all phases of the program/activity.
- 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.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the school may choose to cancel the trip if travel conditions are deemed unsafe (e.g. weather or health advisory).
- I acknowledge that the teacher/supervisor may secure such medical advice and services as deemed necessary for the health of my child in the event of a medical emergency.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I may be financially responsible for such services not covered by the division insurance plan.
- Based on my understanding, acknowledgement, and consents as described herein, I hereby give permission for my child _____ to participate in the field trip.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



ACTIVITY REMINDER FOR PARENTS/GUARDIANS

Activity _____ Teacher _____

Date _____ Departure Time _____ Return Time _____

Lunch Required: Yes or No

Travel Arrangements: xxxxxxxx

Additional Information: xxxxxxxx