

*Christ the Teacher Catholic Schools*

**Curricular Trip: Parent Consent and Acknowledgement of Risk Form  
Level 4 Risk  
(Out of province travel in Canada)**

**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 is to be completed in full, signed, and dated before the student will be permitted to participate in the trip.

This form must be returned by xxxx.

<b>Destination/Activity:</b>		<b>Grade:</b>
<b>Departure Date &amp; Time:</b>		<b>Return Date &amp; Time:</b>
<b>Lead Teacher:</b>		<b>Cellular Contact Number(s):</b>
<b>Other Supervisors (parents/volunteers):</b>		
<b>Transportation Plans:</b>		

- 1. Relevance to Curriculum**
  - 1.1. Pre-Trip Learning**
  - 1.2. Trip Learning**
  - 1.3. Post-trip Learning**
- 2. Projected Trip Funding and Costs**
  - 2.1. Sources of Funding**
  - 2.2. Cost per Student**
  - 2.3. Provisions for Those Unable to Pay**
- 3. Safety Plan** [Briefly describe (or attach to the trip plan) the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity or group].

4. **Itinerary (please include activities, times, places - this may be provided as an attachment to the form)**
5. **Special Needs Addressed**
6. **Accident and Travel Insurance Details**

**SCHOOL DIVISION RESPONSIBILITIES**

The school division will make every reasonable effort to ensure that:

- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activities and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with injury or illness to any of the students.

**POTENTIAL KNOWN RISKS**

Potential known risks include the following:

**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
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## 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 will 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 or division may choose to cancel the trip if travel conditions are deemed unsafe (e.g. weather or health advisory). I accept that the board will not be liable for any costs associated with such cancellation.
- 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 shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein, I hereby give permission for my child \_\_\_\_\_ to participate in the field trip.

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Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Original: School  
Copy: Parent(s)/Guardian(s)