

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS
(All Students)

The _____ is arranging
(Name of School)
_____ to take place on or about _____
(Description of Activity) *(Dates)*

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

ELEMENTS OF RISK

Educational activity programs, such as _____ involve certain elements of risk
(Describe Activity)

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 _____
(Describe Activity)

1. _____
2. _____
3. _____
4. _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any 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 _____ on _____, you must
(Describe activity) *(Dates)*

understand that you bear the responsibility for any injury that might occur.

Furthermore you understand and agree that in case of an emergency:

- Chaperones may have to seek and/or apply emergency treatment and you give your consent.
- Your child could be sent home in the advent of a serious misbehavior.
- Please provide the student's aHealth Care Card number: _____

If you child is currently taking medication, you must confirm that you allow the supervisor to give him/her the medication. Name of the medication: _____

Dosage: _____ Frequency: _____

Your consent signifies that you allow us to administer the medication as indicated above.

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

Signature of Student: _____

Signature of Parent: _____

Printed Name of Student: _____

Printed Name of Parent: _____

Date: _____

Date: _____

PERMISSION: I give my child _____ permission to participate.

Signature of Parent/Guardian: _____

Date: _____