

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

excursions within Alberta	a, and excursions within Canada					
School	Neerlandia Public Christian	Neerlandia Public Christian School				
Class/Group	Grade 9	Grade 9		Number of students:	20	
Lead Teacher Name Mr. Gelderman		Dates of Trip:	Tues., April 16			
Event and Destination		students will go for orientation/information sessions at to prepare for next year. Leave 1:00 – return 3:30pm				
Post-event Pick Up Procedure (Teacher)	Students will be transported by bus	Other Pick-Up Arrangements	(to be completed by Parent, if required)			
A. MODE OF TRANS PARENTS, please note: P B. ELEMENTS OF R Educational activity prog	SPORTATION: School Bus \underline{X} V rease call (780) 674-8509 to ensure that the	olunteer Vehicle O he bus driver is aware of any n_involve certain elements	ther (specify) concerns or cond	itions specific to y	our child.	
Broken bones, sprains or st	trains, other mishaps related to activity. types of injuries result from the nature of cility where the activity is taking place. By					
If you choose to participal injury that may occur. Pembina Hills Regional Diviaccident insurance policy is	e of an injury occurring can be reduced by ate in BCH tour/orientation on April ision No. 7 does provide student accident purchased through Industrial-Alliance Paby calling Industrial-Alliance Pacific at 1-8	carefully following instruction 16, 2019, you must under insurance on behalf of the stroific (Box 5900, Vancouver, E	erstand that you udents participating	e engaged in the bear the respon	activity. nsibility for any The student	
C. ACKNOWLEDGEN	MENT					
	BOVE. WE UNDERSTAND THAT B ASSOCIATED WITH DOING SO.	Y PARTICIPATING IN TH	E ACTIVITY DE	ESCRIBED ABO	OVE, WE ARE	
Signature of Student:		Date:	e:			
Signature of Parent/Gua	Date:	Date:				
D. PERMISSION						
(name of student)	permission to particip	(desc	Tour/orientation cription of activity			

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. Form 6-03-C Reviewed July 2012

(date)