

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

School						
Class/Group				Number of students:		
Lead Teacher Name		Dates of Trip:				
Event and Destination						
Post-event Pick Up Procedure (Teacher)		Other Pick-Up Arrangements	(to be completed by	Parent, if required)		
THIS FORM MUST BE READ GUARDIAN OF A PARTICIPA	AND SIGNED BY EVERY STUDENT VING STUDENT.	WHO WISHES TO	D PARTICIPAT	E AND BY A PAR	RENT OR	
A. MODE OF TRANSPO	ORTATION: School Bus Vo	olunteer Vehicle	Othe	er (specify)		
PARENTS, please note: Please ca	all (780) 674-8509 to ensure that the bus dri	iver is aware of any	concerns or con-	ditions specific to yo	our child.	
B. ELEMENTS OF RIS	SK:					
Educational activity programs, participating in these activities. participating in	The following list includes, but is not	involve cert limited to, exampl :	tain elements of les of the types	of risk. Injuries ma s of injury which m	ay occur while aay result fron	
List all Elements of Risk:						
	es of injuries result from the nature of t s/agents or the facility where the activit your child may be injured.					
The chance of an injury occurri	ng can be reduced by carefully followin	g instructions at a	all times while e	engaged in the act	ivity.	
If you choose to participate in _ bear the responsibility for any in	on njury that may occur.		, yo	ou must understar	nd that you	
The student accident insurance	n No. 7 does provide student accident i policy is purchased through Industrial- ne school, board office and/or by calling	-Alliance Pacific (	Box 5900, Van	couver, BC V6B 5		
C. ACKNOWLEDGEM	ENT					
WE HAVE READ THE ABOVE ASSUMING THE RISKS ASSO	. WE UNDERSTAND THAT BY PART OCIATED WITH DOING SO.	ICIPATING IN TH	IE ACTIVITY D	ESCRIBED ABO	VE, WE ARE	
Signature of Student:		Date:	-			
Signature of Parent/Guardian:		Date:	Date:			
D. PERMISSION						
I give	permission to participa	ate in the				
(name of student)  To be held on or about	(date)		(de	escription of activity)		
Signature of Parent/Guardia	n:	Date:	i			

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 December 2016