

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				
THIS FORM MUST BE R GUARDIAN OF A PART		AND SIGNED BY EVERY STUDENT VING STUDENT.	WHO WISHES TO	PARTICIPAT	E AND BY A PAR	RENT OR	
A. MODE OF TRAI	NSPO	RTATION: School Bus Vo	olunteer Vehicle	Oth	er (specify)		
PARENTS, please note: Please	ease cal	II (780) 674-8509 to ensure that the bus dri	ver is aware of any	concerns or cor	ditions specific to yo	ur child.	
B. ELEMENTS O	F RIS	K:					
participating in these acti	vities.	such as The following list includes, but is not l	imited to, exampl				
List all Elements of Risk:							
the school board, its' empare accepting the risk that	oloyees t you/y	•	y is taking place.	By choosing t	o take part in this a	activity, you	
		g can be reduced by carefully followin	_			-	
If you choose to participa bear the responsibility for		jury that may occur.		, у	ou must understar	nd that you	
The student accident insu	ırance	No. 7 does provide student accident in policy is purchased through Industriales school, board office and/or by calling	Alliance Pacific (I	Box 5900, Van	couver, BC V6B 5		
C. ACKNOWLED	GEME	ENT					
		WE UNDERSTAND THAT BY PARTI CIATED WITH DOING SO.	ICIPATING IN TH	IE ACTIVITY D	ESCRIBED ABO\	/E, WE ARE	
Signature of Student:			Date:	Date:			
Signature of Parent/Guardian:			Date:	Date:			
D. PERMISSION							
I give	give permission to participate in the (description of activity)						
		(date)		(d	escription of activity)		
Signature of Parent/Guardian:			Date:	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.

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