

## 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 T	rip:					
Event a	and Destination											
Post-event Pick Up Procedure (Teacher)						Other Pick Arrangeme		(to be completed	by Parent, if required)			
	ORM MUST BE R DIAN OF A PARTI			EVERY S	TUDENT	WHO WISH	ES TO	PARTICIPA	TE AND BY A F	'AREN	NT OR	
Α.	. MODE OF TRANSPORTATION: School Bus Volunteer Vehicle Other (specify)											
PARENTS, please note: Please call (780) 674-8509 to ensure that the bus driver is aware of any concerns or conditions specific to your child.												
B. ELEMENTS OF RISK:												
Educational activity programs, such as involve certain elements of risk. 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:												
List all Elements of Risk:												
The risk of sustaining these types of injuries result from the nature of the activity and can occur without 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 on bear the responsibility for any injury that may occur.							, you must understand that you					
Pembina Hills Regional Division No. 7 does provide student accident insurance on behalf of the students participating in this activity. The student accident insurance policy is purchased through Industrial-Alliance Pacific (Box 5900, Vancouver, BC V6B 5H6) and policy details are available at the school, board office and/or by calling Industrial-Alliance Pacific at 1-800-556-7411.												
C.	ACKNOWLED	GEME	ENT									
WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.												
Signature of Student:							Date:	ate:				
Signature of Parent/Guardian:						Date:						
D.	PERMISSION											
I give permission to participate in the (name of student)												
(name of student) To be held on or about								(	description of activ	ʻity)		
TO DE	neid on or abo	ut		(date)		·						
Signature of Parent/Guardian:							Date:					
This info	ormation is collected	under th	ne Authority of the	Freedom of	Information	and Protectic	on of Pi	rivacy Act Sect	ion 33 c. This info	rmation	ı will be	
	identify practices or o											

FOIP Coordinator at 674-8500. Form 6-03-C