

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: | | | | -1 |
| Event and Destination | | | | | | |
| Post-event Pick Up Procedure (Teacher) | | Other Pick-Up Arrangements | | (to be completed by | be completed by Parent, if required) | |
| THIS FORM MUST BE R GUARDIAN OF A PART | READ AND SIGNED BY EVER | Y STUDENT WH | IO WISHES TO | PARTICIPAT | E AND BY A PAF | ENT OR |
| A. MODE OF TRAI | NSPORTATION: School Bu | us Volu | inteer Vehicle | Othe | er (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 school board, its' emp | ese types of injuries result from ployees/agents or the facility wh tt you/your child may be injured | nere the activity i | | | | |
| The chance of an injury o | occurring can be reduced by ca | refully following i | nstructions at a | ll times while e | engaged in the acti | vity. |
| If you choose to participa bear the responsibility for | te in r any injury that may occur. | on | , you must understand | | | nd 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 | OGEMENT | | | | | |
| 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: | Date: | | |
| Signature of Parent/Guardian: | | | Date: | Date: | | |
| D. PERMISSION | | | | | | |
| I give permission to participate in the (description of activity) | | | | | | |
| | out | | (de | escription of activity) | | |
| | (date) | | | | | |
| 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