Off-Site Activity Consent Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Parent/Guardian)*  *(Student)*

to participate in the field trip on **WED June 4, 2014 (1:35 departure)** - **(3:10 Return)** to **Beban Park**

* I understand that the primary person in charge will be**: Mr Patience**
* I understand that the cost will be **$0** per student.
* I understand that the following items are required
* I understand that the following activities will be part of the trip:
	+ **Students who are 17 have the option of donating blood**
* I understand that my child will be required to comply will school regulations, and will be under school supervision.

My child has the following relevant medical condition:

 **N/A \_\_\_\_\_\_\_\_\_\_\_ or:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am aware that my son/daughter is wanting to donate blood and give permission to do so:**

* **Signed: Name: Date:**

**ACKNOWLEDGEMENT OF RISK**

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school’s and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for any costs associated.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical/health concerns of my child that may affect his/her participation.
7. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. Based on my understanding, acknowledgement, and consents as described herein, I agree that the student indicated at the top of this form has my permission to participate.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Date* *Name of Parent/Guardian (Please Print) Signature of Parent/ Guardian*