

LAKESHORE SCHOOL DIVISION

OFF-SITE ACTIVITY CONSENT

The following off – school site activity has been planned:

School _____ **Grade/ Group:** _____

Date(s): _____

Departure from School: _____

Return to School: _____

List each destination / activity below:

Purpose: _____

Teacher(s) in Charge: _____ **Number of Adults in All:** _____

Volunteers Needed: _____

Cost: _____ **Costs covered by:** _____

Students will be transported by school bus.

Students will be transported by private vehicle. Your child’s driver will be: _____

Students need to bring: _____

Other Information re: risks and special planning:

SCHOOL RESPONSIBILITIES:

The school will make every reasonable effort to ensure or ascertain that:

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity / activities and group.
- d. An assessment is made to identify and manage known potential risks.
- e. A plan is in place to deal with an injury or illness to one of the students.

PARENT / GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK:

- a. 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.
- b. 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 due to an unforeseeable event associated to his/her participation.
- c. 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 provider’s administrators, instructors, and supervisors over all phases of the program/activity.
- d. 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.

e. I acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

f. I consent that the school, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

TEAR HERE, retain the top portion and send the bottom to the school

Parent / Guardian:

Please fill out the following and return to the school by _____. You can keep the top portion for future reference.

Activity:

Student's Name:

Parent / Guardian's Name (print):

Yes	My child's EMERGENCY MEDICAL INFORMATION form has been completed for this year. It is ON FILE and still CURRENT.
No	

If my child is being transported by private vehicle for this activity, I agree to such.

Parent / Guardian's Signature:

Based on my understanding, acknowledgement and consents as described herein, my child has permission to participate in this activity.

Parent / Guardian's Name Signature:

If you have any questions or concerns, please call the school prior to signing.