



Consent of Parent or Guardian to Participate in an Outside Program or Activity, and “Acknowledgement of Risk”

BACKGROUND

Student: _____ School: _____

AB Health Care #: _____

1. My child will be given the opportunity to participate in the following program or activity:

2. Name of Service Provider (if applicable): _____

3. This will take place at: _____

4. The following staff members or volunteers will be supervising the students who attend:

5. The board will make every reasonable effort to ascertain that:

- a) the supervisors and staff are fully trained and qualified.
- b) the students who undertake the program of activities will be adequately supervised.
- c) the location and/or facilities meet the applicable health and safety standards.
- d) any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
- e) the location where the activity will take place is appropriate and safe.
- f) all reasonable steps have been taken to ensure that the activity is safe.

CONSENT AND ACKNOWLEDGEMENT OF RISK

6. The following means of transportation will be provided:

7. I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that information provided to me by the school or board to the extent that I require and am not, in any way, relying solely upon information provided by the Livingstone Range School Division respecting the nature and extent of the risks and hazards associated with the program or activity.

8. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or chance event.
9. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program of activities.
10. In the event that my child fails to abide by the rules and regulations imposed on the student while participating in the program or activities, disciplinary action may either require that he/she not participate in the program or activity, or that I will be contacted to have him/her picked up at my expense.
11. I acknowledge that it is my responsibility to advise the board of any medical or health concerns of my child which may affect her/her participation in the stated program or activity.

Medical concerns: _____

12. I consent that the board, through its employees, agents and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
13. Based on my understanding, acknowledgement, and consents as described herein, I agree that my child _____ has my permission to participate in this program or activity.
14. In the event of an emergency, please contact _____

Phone Number: _____

AUTHORIZATION

Signature of Parent or Guardian: _____

Name (please print): _____

Relationship: _____ Date: _____

The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act for the purpose of participating in school trips. If you have any questions about this consent form, please contact your school principal.

Cross Reference: Co-Curricular and Extra-Curricular Transportation