





Off-Site Activity Consent
Administrative Procedure 8.80D

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 Supervisors:
Cost:	Costs covered by:	
<input type="checkbox"/>	Students will be transported by school bus.	
<input type="checkbox"/>	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. Equipment used has been inspected and deemed appropriate and safe.		
e. A Safety Plan is in place to identify and manage known potential risks.		
f. An Emergency Plan is in place to deal with an injury or illness to one of the students.		
	S E E B A C K P A G E . P L E A S E C U T H E R E	

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.



SEE FRONT PAGE. PLEASE CUT HERE



Activity:

Student's Name:

Cost:

My child's EMERGENCY MEDICAL INFORMATION form has been completed for this year.
It is ON FILE and still CURRENT.

My child's EMERGENCY MEDICAL INFORMATION has CHANGED.
I will call the school to update it and / or obtain a new form.

Parent / Guardian's Name (print):

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

Parent / Guardian's Signature:

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

Parent / Guardian's Signature: