

PEMBINA HILLS REGIONAL DIVISION NO. 7

(Appendix D Informed Consent Return Template)

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS

(Students Under 18 Years)

The \_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fort Assiniboine School ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is arranging

## For many short walkable off Campus Fieldtrips for the 2017-2018 school year

Examples: Running/Walking the Cross Country Trail, walking to the arena or ball diamonds, nature walk etc.

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

A. ELEMENTS OF RISK:

Educational activity programs, such as Off Campus Fieldtrips 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Off Campus Fieldtrips \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

1. \_\_\_Blisters\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_Muscle strains\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_Bug Bites\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its’ employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in \_\_\_ Off Campus Fieldtrips \_\_ on \_\_\_Any given day during the 2017-2018 school year\_\_\_\_\_, you must understand that you bear the responsibility for any injury that may occur.

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.

MODE OF TRANSPORTATION: School Bus Volunteer Driver X Other (specify) **Walking Only**

# B. ACKNOWLEDGEMENT

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# C. PERMISSION

I give \_ permission to participate in the \_\_\_\_\_\_ Off Campus Fieldtrips \_\_\_\_\_

 *(name of student)*

to be held on or about \_\_\_ Any given day during the 2017-2018 school year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is collected under the Authority of the Freedom of Information and Protection of Privacy Act Section 32 ( 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. Amended October 29, 2003