

OFF-SITE ACTIVITY (IES) CONSENT OF PARENT / GUARDIAN AND ACKNOWLEDGEMENT OF RISK

| | STUD | ENT NAME: | | | |
|--|--|--|---|--|--|
| PROGRAM / ACTIVITY | | | | | |
| SCHOOL: | OOL: Teacher(s) In Charge | | | | |
| BOARD RESPONSIBILITIES: The Board will make every reasonable efform. The staff, volunteers and/or service prob. The students are adequately supervised. The location(s) used are appropriate and. Equipment used has been inspected are | ort to ensure or ascential or ascential or ascential or as selected and safe for the activity and safe for the activity | tain that: uitably trained and o the program/activity /(ies) and group. | ıualified. | | |
| CONSENT AND ACKNOWLEDGEMENT | OF RISK | | | | |
| I accept the mode of transportation which is I acknowledge my right to obtain as much is including information beyond that provided I freely and voluntarily assume the risks/has suffer personal and potentially serious injured. My child has been informed that he/she is to and/or service provider's, administrators, in In the event my child fails to abide by these participation, or that I be contacted to have I acknowledge that it is my responsibility to participation in the stated program or activity. I consent that the Board, through its employnecessary for my child's health and safety, Based on my understanding, acknowledger participate in this program/activity. | information as I require ab to me by the school or Bo tazards inherent in the prog ry due to an unforeseeable to abide by the rules and r instructors, and supervisors e rules and regulations, dis him/her picked up, unless a advise the Board of any r ty. iyees, agents and officers and that I shall be financia | pard. ram/activity and understage event associated with he egulations, including dires over all phases of the pesciplinary action may request have specified other transitional and/or health commay secure such medical ally responsible for such incommand. | nd and acknowledge that my of sher participation. Sher participation and instructions from the ogram/activity. Sire his/her exclusion from furth ansport arrangements. Cerns of my child which may a ladvice and services as they dadvice and services. | child may e school's ner ffect his/her | |
| Date: Parent/Guardian N | lame: | Signatu | ıre: | | |
| TRIP EMERGENCY MEDICAL INFORMATI Student Name: Family Doctor and Telephone Number: Allergies (eg: specific drugs, certain foods, in | Birth date: | | | | |
| anergies (eg. specific drugs, certain toods, in | isect stillgs, flay leve | п) эреспу. | | | |
| Reaction to above? | Carries | Epi Pen? YES N | O Carries Ana Kit? YE | S NO | |
| Medical/Physical Conditions that may affect ponditions, phobias, etc.) Specify the conditionshould not participate in: | participation in the st ion(s) and requireme | ated program/activit nts for program mod | y (e.g. recent illness or in ification or specific active | njury, chronic ities your child | |
| Medication(s) taken (name, reason, dosage, | storage, potential sig | de effect/treatment c | f such): | | |
| | | | | | |
| Other Health/Medication/Dietary Concerns: Emergency Contacts: 1 | | | | | |
| Other Health/Medication/Dietary Concerns: Emergency Contacts: 1. 2. The personal information contained on this form is unde | Phone(H): | (W) | (Cell) | | |