

## OFF-SITE ACTIVITIES CONSENT OF PARENT/GUARDIAN

Please read attached Program / Activity Information prior to completing this form.

School: South Oaks Elementary **Student:** \_\_\_\_\_

**Teachers in Charge:** \_\_\_ D. Reimer and B. Rogers \_\_\_\_\_

**Homeroom:** \_\_\_ KDR-1 and KO-1 \_\_\_\_\_

**Program/Activity:** \_\_\_\_\_ Manitoba Children's Museum \_\_\_\_\_

**Start Date:** \_\_\_ Thursday June 22nd 2017 \_\_\_\_\_ **End Date:** \_\_\_ Thursday June 22nd 2017 \_\_\_\_\_

**Departure Time:** \_\_\_ 9:30am \_\_\_\_\_

**Location:** \_\_\_\_\_ Manitoba Children's Museum \_\_\_\_\_

**Return form to teacher no later than:** \_\_\_ Friday, May5th 2017 \_\_\_\_\_

**BOARD RESPONSIBILITIES:** The Board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.

**POTENTIAL HAZARDS: Including but not limited to:** bus travel, sun exposure (lunch outside if weather permitting), bug bites, tripping

### CONSENT AND ACKNOWLEDGEMENT OF RISK:

**\*\* 1) Mode of Transportation: Bus, provided by Hanover School Division.**

**\*\* 2) I accept this mode of transportation for this activity:  Yes  No**

**OR I permit my child to use alternative means of transportation: Specify means:** \_\_\_\_\_

3) 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 or board.

4) 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 with his/her participation.

5) 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.

6) 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 transportation arrangements.

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

8) I consent that the board, 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 will be financially responsible for such advice and services.

9) Based on my understanding, acknowledgements, and consents as described herein, I agree that Jonah has my permission to participate in this program / activity.

**Dated:** \_\_\_\_\_ **Name (Please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### TRIP EMERGENCY MEDICAL INFORMATION:

Allergies or Other Health Concerns (including any current medication):

### EMERGENCY CONTACTS:

**Parents/Guardian:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Father Work:** \_\_\_\_\_ **Father Cell:** \_\_\_\_\_

**Mother Work:** \_\_\_\_\_ **Mother Cell:** \_\_\_\_\_

**Guardian Work:** \_\_\_\_\_ **Guardian Cell:** \_\_\_\_\_

**Other Contact :** \_\_\_\_\_

This information only pertains to this program / activity. If your child emergency contact or medical information has changed permanently, please contact the school to update our school records.

The personal information contained on this form is collected under the authority of the School Act and the Freedom in Information and Protection of Privacy Act for the purpose of participating on school trips.