

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. Olfert _____

Homeroom: ___ KDR-2 and KO-2 _____

Program/Activity: _____ Manitoba Children’s Museum _____

Start Date: ___ Friday June 23rd 2017 _____ **End Date:** _ Friday June 23rd 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:

- a. The staff, volunteers and/or service providers 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(ies) and group.
- d. 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.