

FIELD TRIPS STUDENT PARTICIPATION CONSENT FORM

APPENDIX I

GUARDIAN PARENT/PERMISSION FOR STUDENT PARTICIPATION

School: _____ Teacher: _____
Grade or Program: _____ Date: _____
Activity or Event: _____

Description of the Proposed Educational Activity(ies) or Event(s): | Arrangement for Supervision:

Proposed Itinerary (including method of transportation):

Student Health or Medical Conditions (of which we should be aware):

Cost to Student (if any): \$

- I/we acknowledge that:
 - there may be inherent physical risks involved with this activity,
 - despite reasonable precautions, accidents can occur and the student identified below could possibly sustain personal or physical injury through his or her participation,
 - the Board, its employees, or agents will not be held liable for any damage or injury that may occur during this activity except where such damage or injury occurs as a result of the negligence of the Board, its employees or agents.



2. I/we am/are aware that insurance coverage for the student is primarily the responsibility of the parent or guardian.

3. I/we will inform the organizers of this activity of all pertinent health concerns and physical conditions regarding the student named below.

4. I/we am/are aware that, as applicable, an alternate “in-school” learning activity will be provided for students not accompanying the group on this activity.

5. I/We have read and understand the physical activities information above and hereby release St. Albert Protestant Schools from any claims by me/us in regard to this activity except in those circumstances where the board, its employees, or agents are negligent. I/we give consent and permission for _____ (student’s name) to participate in the learning activity described.

Signature of Parent(s) or Guardian(s): _____

Date: _____

Two emergency contact phone numbers:

Name/Number

Relation to Student

