



# BLACK GOLD REGIONAL SCHOOLS INFORMED CONSENT/PERMISSION FORM FOR EDUCATIONAL TRIPS

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT UNDER THE AGE OF 18 WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT WHO IS UNDER THE AGE OF 18.

### ACTIVITY

The **Calmar Kindergarten Classes** are arranging a field trip to **Safety City** on **Wednesday, Sept. 28<sup>th</sup>, 2016.** The activity will depart from the school at **10:00 am** and return to the school at **2:45 pm.**

**The cost of the activity is covered by your school fees. If you haven't already paid them please pay them in full by September 30<sup>th</sup>. Thank you so much.**

### ELEMENTS OF RISK:

There are inherent risks in travelling between the school and the venue. The mode of transportation for this field trip will be **Bus.**

Educational activity programs, such as **Field Trips**, involve certain elements of risk. Personal injury, including serious injury up to and including loss of life may occur.

The risk of sustaining these types of injuries results 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 allow your child to take part in this activity, you are accepting that your child may be exposed to risks.

The risk of an injury occurring can be reduced by carefully following instructions at all times. This trip will be supervised according to BGRD's Recommended Guidelines.

### MEDICAL INFORMATION:

Does your child have any particular allergies or medical conditions which would prohibit him or her from participating in this endeavour, or restrict the student's participation in any way?  **YES**  **NO.**

If yes, indicate what precautions should be taken prior to the trip. \_\_\_\_\_

\_\_\_\_\_

In the event of an emergency, we can contact \_\_\_\_\_ at \_\_\_\_\_

or \_\_\_\_\_ at \_\_\_\_\_.

Parents/guardians and students must understand that they bear the responsibility for any injury that may occur.

### PERMISSION:

WE HAVE READ THE ABOVE, AND WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY AS DESCRIBED, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

\_\_\_\_\_ has permission to participate in the **Safety City Field Trip** \_\_\_\_\_  
*(name of student)* *(description of activity)*

to be held on or about **Wednesday, September 28<sup>th</sup>.**

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return the School copy by **Monday, September 26<sup>th</sup>.** The Parent copy is for your records.

\_\_\_\_\_ I would like to join the class on the bus.

\_\_\_\_\_ I will meet the class at 11 AM (4831-93 AVE) Edmonton