

# CLEAR VISTA SCHOOL Wetaskiwin Regional Public Schools

## INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

### Grade 1 - June 21, 2018 - Valley Zoo, Edmonton

The grade 1 classes will be visiting the Valley Zoo, Edmonton on June 21, 2018. They will travel by bus, leaving Clear Vista School at 8:45 a.m. and will return at approximately 3:00 p.m. Students will also ride the merry-go-round and the train. Please be sure your child is dressed appropriately for the weather. Please apply sunscreen and/or bug spray before your child comes to school and send a recyclable water bottle. Students are to bring a **bagged (disposable) lunch**. **THE COST IS \$9.00 PER STUDENT**.

Parent supervisors are needed. If you are interested, please write a note in your child's agenda with your name and phone number.

## ELEMENTS OF RISK

Educational activity programs, such as this field trip, involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to examples of the types of injury which may result from leaving the school grounds.

1. Traffic accidents that may occur while traveling by bus to and from the Valley Zoo, Edmonton, Alberta.
2. Personal injuries that may occur while taking part in the activities at the Valley Zoo, Edmonton, Alberta, such as: tripping, falling, bruising, allergic reactions, bug bites, animal bites, choking on food/drink, sunburn etc.

The risk of sustaining these types of injuries result 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 take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instruction at all times while engaged in the activity. If you choose to participate in the activity on the date listed above, you must understand that you may bear responsibility for any injury that may occur.

☐ I, the Parent/Legal Guardian, have read the above, I understand that there are risks associated with participating in the program/activity described above. I assume responsibility to do all within our influence to reduce and eliminate those risks.

☐ I, the Parent/Legal Guardian accepts that School Board's Student Accident Insurance does not apply during the transportation portions of the trip, and the student is only covered from when he arrives at the school sponsored off-site activity, until he leaves the off-site activity.

## AUTHORIZATION TO PARTICIPATE

Print Student LAST Name \_\_\_\_\_ Print Student FIRST Name \_\_\_\_\_ Hmrm \_\_\_\_\_

☐ I am the Parent or Legal Guardian of the above named student.

☐ I have read the this form and understand there are risks associated by participating in the activity as described, and assuming the risks associated with doing so.

☐ I give permission for my child to participate in the activity as described on this form.

Print Parent LAST Name \_\_\_\_\_ Print Parent FIRST Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

*\*All above check boxes must be checked.*