

# CLEAR VISTA SCHOOL Wetaskiwin Regional Public Schools

## INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

### FIELD TRIP DETAILS

The grade 3 classes are planning a field trip to **Ukrainian Village on June 25, 2018**. The students will be traveling by bus, leaving Clear Vista School at approximately 8:55 a.m. and will return at approximately 3:00 p.m. There is a cost of \$11.00 per student. **Students will need to bring a bag lunch including snacks and water. Students are to wear proper footwear and dress appropriately for the weather.**

### ELEMENTS OF RISK

Educational activity programs, such as this, involves 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 Ukrainian Village, near Elk Island National Park and back to Clear Vista School.**
- 2. Personal injuries that may occur while taking part in the activities at Ukrainian Village, such as: allergic reactions, tripping/falling, scrapes, bruising, sprains, sunburn, bug bites 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 field trip, 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/she arrives at the school sponsored off-site activity, until he/she leaves the off-site activity.**

### AUTHORIZATION TO PARTICIPATE

I have read the above information and understand that by checking the "I Agree" box below, indicate that:

Student LAST Name \_\_\_\_\_ Student FIRST Name \_\_\_\_\_ Homeroom: ☐ 3B or ☐ 3S

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

☐ **✓ I have read the above form and understand there are risks associated by participating in the activity as described, and assuming the 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.**

Parent/Legal Guardian SURNAME (print) \_\_\_\_\_ FIRST NAME (print) \_\_\_\_\_

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

☐ \$11.00 is enclosed (Cheque or Cash)

### Parent Supervisors

If you are interested in supervising, please check the box below and provide a phone number where you can be reached. If there are more supervisors interested than required, names will be drawn. You will be contacted by your child's homeroom teacher

☐ Yes, I'd like to volunteer as a parent supervisor Phone: \_\_\_\_\_