

# CLEAR VISTA SCHOOL Wetaskiwin Regional Public Schools

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

## Grade 4 - June 20, 2018 - Heritage Museum, downtown Wetaskiwin

The Grade 4 students will be going on a field trip to the Heritage Museum, downtown Wetaskiwin. The students will be walking to the museum and back to Clear Vista School.

Cost per student - \$5.00

4K – 9:30 – 11:30

4L 12:30 – 2:30

\*\* The students will be participating in cooking Pemmican. This contains the following ingredients: peanuts, raisins, cranberries, flax seed, sunflower seeds, granola and Crisco. **IMPORTANT - IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE DUE TO ALLERGIES, please indicate that at the bottom of this form.**

### 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 participating in this field trip.

1. Possible pedestrian accidents that may occur while walking to Heritage Museum and back to Clear Vista School.
2. Personal injuries that may occur while taking part in the activities at the Heritage Museum, such as: sprains, bruises, cuts/scrapes, falls, allergic reactions, 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 activities, 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

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

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 with doing so.

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

**I DO NOT give my child permission to participate in making Pemmican for allergy reasons.**

Parent LAST Name (print) \_\_\_\_\_ Parent FIRST Name (print) \_\_\_\_\_

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

**\*\*Complete this form & payment online at <http://clearvista.ca/> (choose 'Make a Payment or Complete a Form Online')  
Please do not send in your paper copy if you have completed this form online.**

5 supervisors are needed for each homeroom. If you wish to supervise on this field trip - please complete the information below:

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_