FIELD TRIPS

STUDENT PARTICIPATION CONSENT FORM

APPENDIX I

This form is to be completed and retained at school for school-sponsored off-site curricular, co -curricular and extracurricular activities. For school activities that involve more than one trip outside the boundaries of the school such as walking field trips, swimming lessons, physical education classes, outdoor education classes, or interschool sports within the league, one parental/guardian consent form (Appendix I) will suffice if the information to the parent/guardian includes a schedule of all activities and proposed dates. In all other cases an individual consent form for each trip is required.

*PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: | | | | |  |
| This form must be returned by (mm/dd/yy): | | | | |  |
| 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):** | |
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**Student Health or Medical Conditions (of which we should be aware):**

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**Cost to Student (if any):** $

***The charge for the field trip is calculated to be as close to break-even as practical.   If any residual amounts remain they will be spent on***       ***at the school.***

1. 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.

1. I/we am/are aware that insurance coverage for the student is primarily the responsibility of the parent or guardian.
2. I/we will inform the organizers of this activity of all pertinent health concerns and physical conditions regarding the student named below.
3. 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.
4. I/We have read and understand the physical activities information above and hereby release St. Albert Public 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:** |  |

**Parent or Guardian Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Phone:** |  | **Alternate Phone:** |  |

**An Alternate Emergency Contact is:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | **Phone:** |  |
| **Relationship to Student:** | |  | | |