

Parent Permission Form - Field Trips



School: _____ School Year: _____

Destination/Field Trip Description: _____

Date of Field Trip: _____

Departure Time: _____ Estimated Return Time: _____

Dear Parents,

Attached is a package of information for an upcoming field trip. Please read through the information carefully, complete all sections and sign to provide your consent for your student to participate.

Thank you!

Risks

Potential risks or hazards associated with participation in this trip/activity:

- Biohazard or Chemical Hazard - Biohazard Exposure, Chemical Exposure, Exposure to toxic substances, Lung Damage, Skin Burns or Wounds, or Other
- Cold Weather Hazards - Frost Bite, Hypothermia or Other
- Heat Related Hazards - Heat Exhaustion, Heat Stroke, Fainting, or other
- Electrical Hazards - Electrical Shock or Other
- Mental/Emotional Hazards - Emotional Distress, Mental Exhaustion
- Outdoor Hazards - Animal bites, trips, falls or slips or Other
- Physical Hazards (Minor) - Cuts or Lesions, Fainting, Falls or Slips, Knee Injury, Muscle Tear or Strain, Physical Exhaustion, Puncture Wounds, Shoulder Injury, Tennis Elbow, or Other
- Physical Hazards (Serious)- Asphyxia, Bone Fractures or Breaks, Choking, Concussion, Death, Eye Trauma,
- Hearing Loss or Damage, Heart Failure, Loss of Appendage, Lung Damage, Nerve Damage, Spinal & Neck Injuries or Other Sports Related Injury
- Water-Related Hazards - Drowning, Hypothermia, Lung-damage, or
- Other _____

Other Hazards or Additional Information:

Demographic Information

Student Name: _____ Grade: _____ Age: _____

Home Phone Number: _____ Cell Number: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact Name(s): _____

Emergency Contact Phone Number(s): _____

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Medical Information

Parents are responsible to advise the Division of any medical or health concerns their child may have which may affect their participation in the activity or trip. If you would like to submit medical information, an Anaphylaxis Emergency Plan, or a Medication/Personal Care Request form to be included in your child's file, please contact the school directly.

Please select all that apply, if applicable. (Select all that apply)

- ☐ **My child has a medical condition on file that the teacher should be aware of.**
- ☐ **My child has an Anaphylaxis Emergency Plan on file the teacher should be aware of.**
- ☐ **My child has a Medication/Personal Care Request Form on file that the teacher should be aware of.**

Parent/Guardian Consent & Waiver Forms

Acknowledgement of Risk and Consent of Parent or Guardian

The Lethbridge School Division will make every reasonable effort to ascertain that:

- a) The staff of the Division and/or (as applicable) the Service Provider involved in providing the activity are suitably trained and qualified.
- b) The students who undertake the program or activity will be adequately supervised.
- c) Any equipment used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
- d) The location where the activity will take place is appropriate and safe.
- e) As applicable, the Service Provider has taken all reasonable steps to ensure that any domestic animal(s) involved in the activity are safe.

Consent & Acknowledgement of Risk

1. I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that information provided to me by the school or the Division to the extent that I require. I am not, in any way, relying solely upon information provided by the school or the Division respecting the nature and extent of the risks and hazards associated with the program or activity.
2. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that my child, as a participant, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
3. My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program.
4. In the event that my child fails to abide by the rules and regulations imposed on students while participating in the program or activities, disciplinary action may require that he/she not participate in the program or activity and/or that I will be contacted to have him/her picked up.
5. I also acknowledge that it is my responsibility to advise the Division of any medical or health concerns of my child which may affect his/her participation in the stated program or activity.

Based on my understanding, acknowledgement and consents as described herein, I agree that my child has my permission to participate in this activity.

- ☐ **Yes, I Agree**
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Parent/Guardian Waiver Form

1. My child wishes to participate in the above-described activity (the "Activity"). I have read and understand the contents of the parent/guardian information letter, attached hereto, which sets out the details of the Activity, and I consent to and give permission for my child to participate in this program.
2. I hereby acknowledge and agree that educational activity programs, such as the Activity, involve elements of risk and that death, injuries, loss, or damage can occur to students while participating in these activities.
3. I further acknowledge and agree that death, injury, loss, or damage can occur without any fault of either the student, the school board, its trustees, employees, volunteers or agents. I hereby freely accept and assume all risks associated with the participation of my child in the Activity. In consideration for my child's voluntary participation in the Activity, I hereby waive any and all claims, expenses, demands, costs, suits, liabilities and causes of action against Lethbridge School Division, which may arise out of such injury, loss or damage and I release Lethbridge School Division from any liability in that regard. I understand that Lethbridge School Division will be responsible for injury, loss, or damage suffered by my child while participating in the Activity if such injury, loss or damage arises as a direct result of the negligence of Lethbridge School Division.
4. I accept and agree that it is my child's responsibility to abide by all laws and obey all rules set out for this Activity. I agree that the supervisors of this trip may require my child to return home if a breach of those rules occurs and I agree to be responsible for and pay for all costs that may arise as a result.
5. In consideration for my child's voluntary participation in the Activity, I further agree to indemnify (which means to secure or protect against hurt, loss or damage and to reimburse for any loss sustained) and hold harmless (which means to assume the liability inherent in a situation, thereby relieving the other party of responsibility) Lethbridge School Division, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any act, neglect or default of myself or my child.
6. I acknowledge that it is my responsibility to advise Lethbridge School Division of any medical and/or health concerns which may affect my child's participation in the Activity.
7. I acknowledge and agree that a teacher chaperone may take any actions deemed necessary by the teacher chaperone for my child's health, safety and well-being, including the securing of medical treatment and transporting my child home (at my expense).
8. (Applicable only when travel outside Alberta is involved) I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to health care, trip cancellation, property or personal effects insurance, accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.
9. I acknowledge and understand that Lethbridge School Division is unable to provide insurance coverage for death, injury, damage or medical expenses arising directly or indirectly, in whole or in part, out of terrorism or out of any activity or decision of a government agency or other entity to prevent, respond to or terminate terrorism. In consideration for my child's voluntary participation in the activity or program, I hereby waive any and all claims of every kind that I have or may have in the future and hereby release and hold harmless Lethbridge School Division and its trustees, employees, volunteers and agents from any liability for any death, bodily injury, property damage or personal injury to my child or myself that may arise, directly or indirectly, in whole or in part, on account of terrorism or decisions of a government agency or other entity to prevent, respond to or terminate terrorism, regardless of any other contributing or aggravating cause or event.
10. In consideration for my child's voluntary participation in the Activity, I further agree to hold harmless Lethbridge School Division, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any Act of God, strikes, or government restrictions, and for acts or omissions of any persons or agencies not directly controlled by the Division, including, without limitation, airlines, bus companies, railways, travel agencies, shipping companies, hotels or guides.

I hereby acknowledge that I have read and understand the foregoing and do hereby approve and consent to all of the above. I hereby give permission for my child to participate in the Activity.

☐ **Yes, I agree**

I confirm that my child has read and understands the above information.

☐ **Yes, I agree**

Parent's Full Name (please print)

Parent Signature

Parent's Email Address *

Notice: Any personal information collected by the Division pursuant to this form is collected under the authority of Alberta's Freedom of Information and Protection Act ("FOIP") and the School Act. Such information will be used in connection with the provision of the programs and activities referred to above, and will be treated in accordance with the privacy protection provisions of FOIP. If you have any questions about the collection of personal information, contact your school principal or the Department of Instructional Services.