



LOW RISK DAY TRIP

PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

NAME OF SCHOOL: Waverly Park School

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.

If this form is not signed and returned to the school by Sept. 27, your child **WILL NOT BE ALLOWED TO ATTEND**.

DESTINATION/ACTIVITY: WMCA

DATE (mm/dd/yy):

DEPARTURE TIME:

RETURN TIME:

OR SERIES OF OFF-SITE DATES (specify dates): Throughout the year - see band calendar

METHOD OF TRANSPORTATION: school bus BY: BSD

PROGRAM/ACTIVITY INFORMATION

PURPOSE OR EDUCATIONAL GOAL(S): ^{Full Band} Dress rehearsals/Festivals

ITINERARY/ACTIVITIES:

detailed itinerary attached

TEACHER-IN-CHARGE: Graydon Cramer

CONTACT PHONE #: (204) 729-3251

TOTAL NO. OF SUPERVISORS PLANNED: 2

COST TO THE STUDENT: 0

SUPERVISORY ARRANGEMENTS: Supervision by teachers or bus drivers at all times

WHAT TO BRING:

Instrument, folder, pencil, water bottle

OTHER CONSIDERATIONS:

DATES OF PARENT MEETINGS (if applicable):

RESPONSIBILITIES – BRANDON SCHOOL DIVISION

Brandon School Division will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

***** Keep this page for your records *****

The personal information contained on this form is collected under the authority of the Public Schools Act, the Education Administration Act and the Freedom of information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your School Leader.



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*** Return completed form to: Mr. Cramer ***

DESTINATION/ACTIVITY: WMCA

DATE (mm/dd/yy):

DEPARTURE TIME:

RETURN TIME:

OR SERIES OF OFF-SITE DATES (specify dates): Throughout the year - see band calendar

METHOD OF TRANSPORTATION: school bus

BY: BSD

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.
3. My child has been informed that he/she is to abide by the school/Division codes of conduct and any other rules and regulations specific to the trip, including directions and instructions from the school's and/or service providers, administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, arrangements could be made to have him/her sent home at the expense of the parents/guardians.
5. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect his/her participation.
6. I acknowledge that the Division may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the Division will not be liable for any costs associated with such a cancellation.
7. I consent that the Division, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
8. Based on my understanding, acknowledgement, and consents as described herein, I agree that

_____ has my permission to participate in the above field trip/program.
(Name of Student)

Date _____

_____ Name of Parent/Guardian (please print)

_____ Signature

FIELD TRIP EMERGENCY MEDICAL INFORMATION (Write below or attach a separate page if more space is needed)

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

NOTE:

The medical and emergency contact information for your child, which you provided on the Student Registration Form at the beginning of the school year, will be used for the purposes of this field trip. If information has changed since then, please contact the school immediately to update the information.

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