



GVSD OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

To be completed for: a) Day Field Trips – as determined by Administration
b) All Detailed Field Trips (Overnight or Longer)

Please read **both sides** 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 THURSDAY, APRIL 20th, 2017 your child WILL NOT BE ALLOWED TO ATTEND.

PROGRAM/ACTIVITY INFORMATION – Specifics to be attached (ie. Team schedule)

ACTIVITY(S): Senior Tour to Winnipeg
DATE(S): April 20 – April 21, 2017
IN-CHARGE PHONE: (204) 325-8008

SCHOOL RESPONSIBILITIES

- The school will make every reasonable effort to ensure or ascertain that:
- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
 - b. The students are adequately supervised over all aspects of the program/activity.
 - c. The location(s) used are appropriate and safe for the activity(ies) and group.
 - d. Equipment used has been inspected and deemed appropriate and safe.
 - e. A Safety Plan is in place to identify and manage known potential risks.
 - f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

- Strain of singing on throat and body
- General accidents, such as tripping and falling.
- Highway Travel
- Swimming

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: School Bus By: Transportation Staff
2. 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 or board.
3. 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 unforeseen event related to his/her participation.
4. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her transported home at my expense.
6. 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.
7. I acknowledge that the school may choose to cancel the trip for justified reasons (e.g., weather, health advisory, group behavior). I accept that the school will not be liable for any costs associated with such a cancellation.
8. I consent that the school and/or activity supervisors 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.
9. Based on my understanding, acknowledgement, and consents as described herein, I agree that
(Name of Student) _____ has my permission to participate in the
Senior Tour to Winnipeg program/activity.

Date: _____ Name (Please print): _____ Signature: _____

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

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? Yes No Carries Ana Kit? Yes No

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

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

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____