



OFF-SITE ACTIVITY CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION

School: PACeS Student Name: _____ TShirt Size: YM YL AS AM AL AXL AXXL (please circle)

Program/Activity: Gr. 5/6 Outdoor School Date: May 27 – 30, 2019

Teacher-in-charge: Chris Dubyna

SCHOOL RESPONSIBILITIES

The School 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 and group.
- Equipment used has been inspected and deemed appropriate and safe.

POTENTIAL HAZARDS

<p>Potential known hazards include the following:</p> <ul style="list-style-type: none"> • Weather • Terrain • Wild animals • Failing to follow instructions • Carelessness • Lack of appreciation of risk • Impatience • Inexperience • Over confident • Sense of immortality • Physically/emotionally unfit 	<ul style="list-style-type: none"> • Creeks, rivers, bodies of water • Forest Fire • Dehydration • Daring • Inattentiveness • Fatigue • Peer pressure • Poor communication • Poor conflict resolution • Falls/slips • Vehicular accidents • Lost
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CONSENT AND ACKNOWLEDGEMENT OF RISK

- Mode of Transportation: _____ **Provided by Parents** _____
- I accept this mode of transportation for this activity: Yes • No • **OR**
I permit my child to use alternate means of transportation. Specify means:

- 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 Alberta Conference K-12 Education Board.
- 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 associated with his/her participation.
- 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 provider's administrator, instructors, and supervisors over all phases of the program/activity.
- 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 picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the Alberta Conference of SDA Office of Education of any medical and/or health concerns of my child, which may affect his/her participation in the stated program/activity.

8. I consent that the Alberta Conference of SDA Office of Education, 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.
9. With respect to this trip, I hold Chris Dubyna, the Alberta Conference of SDA Church and employees, and supervisors harmless for any personal harm or injury, with the full understanding that I will not seek or expect damages or compensation from the Alberta Conference of SDA Church and employees, schools and supervisors for any incident whatsoever, save gross negligence.
10. I understand that the only insurance coverage provided by the Alberta Conference of SDA Church and schools is the Student Accident Policy, which has limited amounts of compensation and does not cover all risks. I further understand that it is my responsibility to ensure that I am (or that my child is) covered by other medical insurance. I also understand that all personal effects must be covered by my homeowner's policy as neither the Alberta Conference of SDA Church or schools provide insurance for student's personal property.
11. Based on my understanding, acknowledgement and consents as described herein, I agree that _____ (name of student) has my permission to participate in this program/activity.

Date: _____ Name (Please print) _____

Signature: _____

TRIP EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)

Student name: _____ Birth date: _____

AHC# _____

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, non/weak swimmer, etc.) 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):
(All medications need to be in their original package)

Other Health/Medical/Dietary Concerns:

Emergency Contacts: (including area code)

1. _____ Ph: (H) _____ (W) _____ Cell: _____
2. _____ Ph: (H) _____ (W) _____ Cell: _____



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