East Central Catholic Schools

STUDENT EXCURSION

VOLUNTEER CONSENT AND ACKNOWLEDGEMENT OF RISK

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to completing this form)

School: _____ Volunteer Name:_____

Program/Activity: _____Date (s): _____ ***OR***

Series Of Off-Site Activities (Specify Program): _____

Teacher-In-Charge: _____

POTENTIAL HAZARDS

Potential known hazards include the following:	…cont'd

CONSENT AND ACKNOWLEDGEMENT OF RISK

1. Mode of Transportation: _____ By: _____
2. I accept this mode of transportation for this activity: ☐ Yes ☐ No ***OR***
   I will provide my own transportation: ☐ Yes ☐ No ***OR***
   I consent to the use of my vehicle for the transportation of students for this activity: ☐ Yes ☐ No ***(Volunteer Driver Auth Form)***
   If I will be transporting students in my vehicle, I have completed a Volunteer Driver Authorization form: ☐ Yes ☐ No
3. 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.
4. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury due to an unforeseeable event associated with my volunteer involvement.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my responsibility to advise the board of any medical and/or health concerns which may affect my participation in the stated program or activity.
7. I consent that the board, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
8. I understand, acknowledge and consent to the above as described herein.

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

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

Volunteer Name: _____Birth Date (optional): _____ Alberta Health Care No. _____

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

Reaction 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 you should not participate in:

_____

_____

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) _____