



Informed Consent/Permission for Extra-Curricular or Co-Curricular Trips, Field Trips and Excursions

(Students Under 18 Years) To be completed for all off-campus trips including extra-curricular trips, co-curricular trips, field trips, excursions within Alberta, and excursions within Canada. **THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.**

Event & Destination: _____

Date: _____

Individual (Child's) Name: _____

School: _____

Destination of Trip: _____

Grade/Class: _____

Departure Time: _____

Return Time: _____

Lead Teacher in Charge: _____

Cost: _____

Transportation: _____

Medical Conditions:

The following is a list of my child's medical conditions including allergies, and a list of medication that my child must take.

Parent Information:

I am the parent/guardian of the individual and have full legal responsibility for the decisions of the individual.

Parent/Guardian Name: _____

Primary Phone Number: _____

Cell Phone (during the event): _____

Email: _____

Emergency Contact Name & Phone Number (Not Primary Parent)

Emergency contact will only be notified if we cannot reach primary contact.

Name: _____

Phone Number: _____

Event Cancellation Policy:

The School reserves the right to postpone, terminate or cancel an event at any time and with little notice if the activity can no longer be conducted in a safe and secure manner.

The School is financially responsible for student participation in the event and activities. We greatly appreciate advanced notice if you are unable to fulfill your commitment to attend. This will also allow us to offer the opportunity of participation to another student.

All cancellations must be submitted in writing via email. Cancellations received at least 1 week before the start of the event will be eligible for refund. Cancellations received after this date will not be eligible for refund. **No refunds will be given for no-shows.**

Photo Consent:

I grant permission for my student(s)/myself to appear in positive school media coverage (including social media) of school events, programs or activities and grant permission for his/her/my name, photograph, video/audio footage and/or work to be used in school and division publications.

If you choose to answer no, then every effort from the School and School Board will be used to ensure your student(s)/your photograph and video will not be used in school related or School Board related events or activities on social media. However, we cannot restrict the use of this material during a public event.

If you refuse permission, please identify your student(s)/yourself to the School staff prior to the start of the event.

- Yes, I give consent to above
- No, I do not give consent

Element of Risk

Educational activities involve certain elements of risk. Personal injury, including serious injury up to and including loss of life may occur while participating in the activities.

The risk of sustaining these injuries results from the nature of the activity and can occur without fault of either the student, or the school board, its employees / agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you / your child may be injured.

The chance of an injury occurring can be reduced by carefully following procedures and instructions at all times. If you choose to participate in: _____

on _____ you must understand that you bear the responsibility for any injury that may occur.

Acknowledgement

WE HAVE READ THE ABOVE, WE UNDERSTAND THAT PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Field Trip/Activity Consent

I have reviewed, and I understand all the information provided on this parent permission form. I consent to my child partaking in the activity(ies) as described and I agree that this planned activity is acceptable.

Signature of Parent/Guardian: _____

Date: _____

The information collected on this form is being collected pursuant to the Education Act (Student Record Regulation), the Freedom of Information and protection of Privacy (FOIP) Act, and Section 23 of the Canadian Charter of Rights and Freedoms. Information acquired through this form is kept secure and access is restricted. If you have any questions regarding the collection or use of this information, please contact your school principal or East Central Catholic School's FOIPP Coordinator at (780) 842-3992.