



**QUESNEL SCHOOL DISTRICT
ATTACHMENT 'D' – POLICY 445 –
OUT-OF-SCHOOL LEARNING EXPERIENCES**

OUT-OF-SCHOOL LEARNING EXPERIENCE SCHOOL CONSENT FORM

ATTENTION ALL PARENTS:

The students of _____ School will be participating in a variety of out-of-school learning experiences over the school year; such as, a trip to a park, hiking, walking, using climbing apparatus, sports trips, eating lunch, etc.)

The school would appreciate your cooperation in your signing a master permission slip at the beginning of each school year.

Notices will continue to be sent home for each activity. Should there be any reason why your child should **NOT** participate, you can inform the school with a signed note or a telephone call to the school. Your cooperation in this process will be appreciated.

Please sign the attached form and send it back to the school as soon as possible.

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

The school district does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of students.

OUT-OF-SCHOOL LEARNING EXPERIENCE CONSENT

For _____

Out-of-school learning experience and inter-school events outside of the school are important to a child's education. If you would like your child to participate, please sign below. Notices are sent home and permission can be withdrawn at any time.

I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Address of Parent/Guardian