



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

INFORMED CONSENT FORM

For Child Participating In High Risk Activity

Student Name: _____

I hereby give my consent, and acknowledge by my signature that:

Students will be going to _____ (location), and will be away from the school from _____ to _____ (times). They will be travelling by _____ (ie school bus, public transport, foot).

_____ Initial

On this out-of-school learning experience, up to _____ (number) students will be:

(describe all activities – i.e. skiing, hiking, walking, using climbing apparatus, cooking meals on camp stoves, tenting)

The students will be supervised by _____ (a typical response might be "2 school employees and hopefully 2 – 4 parent volunteers". It is important to indicate supervisory arrangements that will not be modified or reduced. For instance consider whether the trip will proceed even if there are no parent volunteers, or if a specific teacher is sick, but a substitute is available. ** With older grades, you should add a sentence saying: Your child will not necessarily be supervised by an adult at all times.)

_____ Initial

My child has no illnesses, allergies or disabilities that may require special attention, except as described here:

_____ Initial

I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to: _____

(provide specific and comprehensive information on any risks that are applicable. Some examples follow.)

1. *Unorthodox or high risk travel arrangements*
2. *Program locations*
3. *Rugged terrain*
4. *Rock fall and avalanches*
5. *Weather*
6. *Equipment breakages, failures*
7. *Delayed rescue, accessibility*
8. *Conduct of the guide, chaperone or other group members.*
9. *The possibility that your child may not heed safety instructions or restrictions given to the group.*

_____ Initial



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**INFORMED CONSENT FORM – cont'd.
For Child Participating In High Risk Activity**

I will supply suitable equipment and clothing for my child's participation in all activities associated with the out-of-school learning experience, including: _____

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this out-of-school learning experience. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

_____ *Initial*

My child and I understand that the school's Code of Conduct applies during this out-of-school learning experience. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home.

_____ *Initial*

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.

_____ *Initial*

In signing this Consent, I am not relying on any oral or written representation or statements made by the School Board and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent

_____ *Initial*

I am 19 years of age or more and have read and understand the terms of this consent, and understand that it is binding upon me, my heirs, executors and administrators.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Address

_____ Date: _____