

**OUT-OF-SCHOOL LEARNING EXPERIENCE - CONSENT FORM**

We are arranging a sports trip/out-of-school learning experience for students in Grade \_\_\_\_\_ at \_\_\_\_\_ School on \_\_\_\_\_ (mm/dd/yy).

We will be going to \_\_\_\_\_ (location), and will be away from the school from \_\_\_\_\_ to \_\_\_\_\_ (times). We will be travelling by \_\_\_\_\_ (i.e. school bus, public transport, foot).

On this sports trip/out-of-school learning experience, we will be: \_\_\_\_\_

*(describe activities – a field trip to a park might include hiking, walking, using climbing apparatus, eating lunch, etc.).*

Students will need to bring:

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The class will be supervised by an appropriate number of chaperones in accordance with School Board Policy.

If you do not wish your child to accompany their class on this trip, please contact \_\_\_\_\_, who will arrange alternate supervision.

**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.**

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I give \_\_\_\_\_ (name of student) permission to participate in the out-of-school learning experience to \_\_\_\_\_ on \_\_\_\_\_ (mm/dd/yy). I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

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Signature of Parent/Guardian

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Date

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Printed name of Parent/Guardian

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Address of Parent/Guardian

Adopted: December 2003

Amended: February 2005

Reviewed: September 2016, June 2022