

Consent and Waiver Notice to Parents - High Risk Field Trip



Date: _____

This form must be read, each paragraph initialed where appropriate and signed at the bottom by a parent or legal guardian.

_____ (Name of School) is arranging a _____ (name of high risk activity) field trip activity for students at _____ (location) on _____ (dates).

In consideration of the Mission School District offering my child, _____, an opportunity to participate in a _____ (name of high risk activity) field trip to _____ (location) on _____ (date), I waive any and all claims I may have against, and release from all liability and agree not to sue the Board of Education of School District No. 75 (Mission) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the _____ (name of activity), arising out of any cause whatsoever.

_____ **Initial**

_____ (Name of School) students will be going to _____ (location), and will be away from the school from _____ (date/time) to _____ (date/time). Students will be traveling by _____ (transportation method).

_____ **Initial**

Students will be supervised by _____ (state supervisory arrangements, i.e. number of school employees and number of parent volunteers). 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 as follows:

_____ **Initial**

For parents/guardians of elementary students:

British Columbia's Child Seating and Restraint Systems Regulations (Division 36 of the Motor Vehicle Act) requires that all children weighing less than 18 kg (40 lbs) be transported in a CSA approved child seat when travelling in a vehicle equipped with seat belts, AND, all children weighing over 18 kg (40 lbs) up their 9th birthday OR they reach 145 cm (4'9") tall, whichever comes first, be transported in a booster seat.

Please tick one of the following:

- My child is over 9 years of age OR over 4'9" – no booster seat required.
- My child is over 18kg/40lbs AND under 4'9" – booster seat required.
- My child is less than 18kg/40lbs – CSA approved child seat required.

_____ **Initial**

If a child seat or booster seat is required, it is my responsibility as the child's parent or guardian to provide this.

_____ **Initial**

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Accidents may occur while participating in these activities and these accidents may cause personal injury, illness, death or property damage or loss. The dangers and risks may include, but are not limited to:

Risk	Injury

(Consideration must be given to any and all risks or injuries associated with this activity) _____ **Initial**

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for this activity or possible weather conditions. 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 field trip. Specifically no drinking of alcoholic beverages, use of tobacco products at any time or consumption of drugs for any reason other than approved medical purposes with prior consent given on your medical form. 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. Students are subject to the [District Code of Conduct Policy #19, Student Conduct and Behaviour Management Administrative Procedure #114](#) and [Respectful Schools Administrative Procedure #111](#) during this field trip.

_____ **Initial**

By choosing to allow my child to participate in this activity, I will assume the risk of an accident occurring and agree that this activity as described is suitable for my child.

_____ **Initial**

The Mission School District does not provide any accidental disability, dismemberment, medical expenses or death insurance on behalf of students participating. The school district recommends that you check your medical coverage through work or purchase the Student Accident Insurance.

_____ **Initial**

In signing this Consent and Waiver, I am not relying on any oral or written representation of statement 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 and Waiver.

_____ **Initial**

Signature of Parent: _____ Date: _____

PERMISSION

I give _____ (name of student) permission to participate in the _____ (description of activity) at _____ (location) on _____ (dates).

Parent Signature: _____