

Field Trip or Offsite Activity Parent Guardian Consent Form



Please read the consent form and clarify any questions or concerns with the teacher before signing the form. If you do not wish your child to accompany his or her class on this trip, please contact _____ who will arrange alternate supervision. Return this form to the teacher by _____, so that your child has permission to participate.

*Personal information is collected by Mission Public Schools under **section 26 (c)** of the Freedom of Information and Protection of Privacy Act and for the purpose of participating in school trips. If you have questions about this form, or the collection and use of this information, contact the [Information and Privacy Coordinator](#), School District No. 75, 33046 4th Avenue, Mission, BC, V2V 1S5, 604-826-6286.*

Activity Information (to be completed by School Staff)

Name of School: _____

Grade/ Division: _____

Trip Destination: _____

Date(s): _____

Departure Time: _____ Return Time: _____

Purpose or Educational Goal: _____

Description of Activities: _____

Method of Transportation: _____

Supervising Teacher(s): _____

****List number of teachers and parent volunteers required to fulfill activity****

What to Bring: _____ Cost: _____

**** Payment can be made online at <https://schoolcashionline.com> ****

Other considerations: _____

Board Responsibilities

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers, and or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/ activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students

Potential Known Risks

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Potential known risks continued:

Consent and Acknowledgement of Risk(s)

1. I accept the mentioned means of transportation for this activity and will provide a booster seat if one is required for my child.
2. I will supply suitable equipment and clothing for my child's participation in all activities associated with the activity.
3. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
4. 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.
5. My child and I understand that the school's Code of Conduct applies during the field trip. **Specifically, no drinking of alcoholic beverages, use of tobacco products or electronic vaporizers (no vaping) at any time or consumption of drugs for any reason other than approved medical purposes with prior consent.** 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.
6. 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, the school board or its employees and agents, or the facility where the activity is taking place. By allowing my son/ daughter to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child.
7. I acknowledge that the school district does not provide any accident, dental, or medical insurance to students. **BC MSP** should cover basic personal health expenses for BC residents. **Canada Dental Care Plan** covers children under age of 18, and for any further coverage, I will consider personal or work extended benefits, Student or Family Accident plan or any other medical coverage I can purchase.
8. I acknowledge that it is my duty to advise the teacher of any medical/health concerns of my child that may affect participation. List any illnesses, allergies or disabilities that may require special attention here:
9. I acknowledge that the board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
10. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
11. In signing this Consent and Acknowledgement of Risk form, 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 the consent form.

I give _____ permission to participate in the _____
Student Name Description of activity
at _____ on _____
Location Date
Parent Name (Print) _____ Parent Signature _____
Parent Phone # _____ Parent Email _____

Are you available to attend the field trip as a parent volunteer? YES ☐ NO ☐

If yes, please see the office for a volunteer form and information on obtaining a criminal record check. Both items must be cleared with the school district before volunteering.