

# CLEAR VISTA SCHOOL - Wetaskiwin Regional Public Schools

## INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIP

**Grade 6 – June 19, 2018**

**Edmonton Public School Archives & Museum, Legislative Assembly of Alberta**

The Grade 6 Social Studies class will be going on a field trip to Edmonton Public School Archives and Museum, as well as the Legislative Assembly of Alberta, on **Tuesday, June 19, 2018**. The students will travel by bus. They will leave Clear Vista School at approximately **8:30 a.m.**, and will return to Clear Vista School by approximately 3:00 p.m. There is no cost to students for this field trip. **The students are to bring a bagged lunch.** *We would love to have parents join us on our official government business trip.*

### ELEMENTS OF RISK

Educational activity programs, such as the one mentioned above, involves certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to examples of the types of injury which may result from leaving the school grounds.

1. Pedestrian accidents that may occur while walking to/from the Edmonton Public Schools Archives/Legislative Assembly of Alberta.
2. Personal injuries that may occur while taking part in the activities at the Edmonton Public Schools Archives/Legislative Assembly of Alberta such as: allergic reactions, tripping/falling/slipping, bruising, broken bones, sprains, falling down stairs, etc.
3. Possible traffic accidents that may occur while traveling by bus to the Edmonton Public Schools Archives/Legislative Assembly of Alberta and back to Clear Vista School.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instruction at all times while engaged in the activity. If you choose to participate in the described field trip, you must understand that you may bear responsibility for any injury that may occur.

☒ I, the Parent/Legal Guardian, have read the above, I understand that there are risks associated with participating in the program/activity described above. I assume responsibility to do all within our influence to reduce and eliminate those risks.

☒ I, the Parent/Legal Guardian accepts that School Board's Student Accident Insurance does not apply during the transportation portions of the trip, and the student is only covered from when he arrives at the school sponsored off-site activity, until he leaves the off-site activity.

### AUTHORIZATION TO PARTICIPATE

Student SURNAME (print): \_\_\_\_\_ Student FIRST NAME (print): \_\_\_\_\_

Homeroom: ☐ 6F or ☐ 6M

☒ I am the Parent or Legal Guardian of the above named student.

☒ I have read the above form and understand there are risks associated by participating in the activity as described, and assuming the risks associated with doing so.

☒ I give permission for my child to participate in the activity as described on this form.

Parent/Legal Guardian SURNAME: \_\_\_\_\_ Parent/Legal Guardian FIRST NAME: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Yes, I'd like to join the Grade 6 class on this trip. Phone number: \_\_\_\_\_