

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS

Category 4 or 5 - Students Under 18 Years

The _____ is arranging
(name of school)

(description of activity and dates)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs, such as _____ involve 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 participating in _____:
(describe activity)

1. _____
2. _____
3. _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any 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 instructions at all times while engaged in the activity.

If you choose to participate in _____ on _____, you must understand that you bear the responsibility for any injury that might occur. In case of serious student misconduct during this trip, the staff in charge will have the authority to dismiss the student and contact you to pick him/her up at the location of the activity. Parents will be responsible for any applicable costs.

The Peterborough Victoria Northumberland and Clarington Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the _____
(name of student) (description of activity)
to be held on or about _____
(date)

Signature of Parent/ Guardian: _____ Date: _____