



**INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS**  
(Students Under 18 Years)

School	WESTLOCK ELEMENTARY SCHOOL
Group / Class (number of students involved)	
Lead Teacher Name	
Event and Destination	
Dates of Trip	

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

A. **MODE OF TRANSPORTATION:** School Bus \_\_\_\_\_ Volunteer Vehicle \_\_\_\_\_ Other (specify) Walking

B. **ELEMENTS OF RISK:**

Educational activity programs, such as SWIMMING 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 SWIMMING:

- DROWNING
- BRUISES / SPRAINS
- CONCUSSIONS

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 instructions at all times while engaged in the activity.

If you choose to participate in SWIMMING on \_\_\_\_\_, you must understand that you bear the responsibility for any injury that may occur.

Pembina Hills Regional Division No. 7 does provide student accident insurance on behalf of the students participating in this activity. The student accident insurance policy is purchased through Industrial-Alliance Pacific (Box 5900, Vancouver, BC V6B 5H6) and policy details are available at the school, board office and/or by calling Industrial-Alliance Pacific at 1-800-556-7411.

C. **ACKNOWLEDGEMENT**

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

D. **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: \_\_\_\_\_

This information is collected under the Authority of the *Freedom of Information and Protection of Privacy Act* Section 33 c. This information will be used to identify practices or conditions which may affect the safety and care of the students. For further information you may call the Principal or FOIP Coordinator at 674-8500.  
Form 6-5