



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

Form with fields for School (WESTLOCK ELEMENTARY SCHOOL), Group/Class, Lead Teacher Name, Event and Destination (SKATING @ OUTDOOR RINK), and 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) Walk ✓

B. ELEMENTS OF RISK:

Educational activity programs, such as Skating 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 skating.

- 1. Concussion
2. Broken Bones
3. Scrapes/Cuts/Bruises

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.

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 Skating 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 _____ (name of student) permission to participate in the Skating (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.