

**PARTICIPATION IN A ONE-DAY LOW-RISK FIELD TRIP CONSENT FORM**

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Student #:** \_\_\_\_\_  
(Secondary Students Only)

**Destination:** Lucky 9 Lanes Bowling Alley **Date of Field Trip:** Friday September 29<sup>th</sup>, 2023

**Parent's/Guardian's Consent and Acknowledgement of Risk**

My signature below indicates my consent and acknowledgement of risk as well as my permission for my child to participate in this field trip.

- I accept the mode of transportation for this activity which may include transportation by driver with "N" status.
  - I accept the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child may be involved in an accident and may suffer personal and potentially serious Injury arising from my child's participation.
  - My child and I understand that the District Code of Conduct applies during all phases of this field trip. This includes expectations, directions and instructions from the staff and/or service providers, administrators, instructors, and supervisors. In the event my child fails to abide by these expectations, disciplinary action may include my child being excluded from further participation or that I be contacted to pick up my child (unless I have specified other transportation arrangements) and I will be responsible for any costs associated to send my child home.
  - I acknowledge that it is my responsibility to inform the Teacher of any medical/health concerns that may affect my child's participation.
  - I am aware that the School District provides optional student accident insurance and parents will be able to purchase coverage, access claims forms and obtain full plan information online.
  - I consent that the Board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.
- I am available to be a volunteer and will complete the Volunteer Application and Consent Form and return to the sponsor teacher at least one week in advance of the field trip for Principal approval.
- I am available to be a volunteer driver and will complete the Driver Authorization form for Volunteer and Staff and return it to the sponsor teacher at least one week in advance of the field trip for Principal approval.
- I have paid by KEV online or by enclosed cheque.

**Please Note: It is not necessary to return this form if you have consented online.**

_____ <b>Parent's/Guardian's Name</b> <i>(please print)</i>	_____ <b>Signature</b>	_____ <b>Date</b> <i>(year/month/day)</i>
	_____ <b>Cell #</b>	_____ <b>Email</b>
_____ <b>Emergency Contact's Name</b> <b>(Not a parent)</b> <i>(please print)</i>	_____ <b>Cell #</b>	_____ <b>Relationship to child</b>

**Medical/physical conditions** that may affect my child's participation on the field trip (allergies, recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.) include (be specific):

**Student Commitment to Safety, District Code of Conduct and Acknowledgement of Risk  
(for students in grades 4 - 12)**

My signature below indicates that I will commit to behaving safely and abide by the District Code of Conduct while I am on this field trip.

- I will participate in this activity to the best of my abilities.
- I will behave safely and will wear appropriate clothing and use appropriate equipment on this field trip.
- I have been briefed by my teacher on the elements of risk and dangers involved and the precautions that are to be taken.
- I will abide by the District Code of Conduct, school rules, and expectations set out by the sponsor teacher and supervisors during the field trip.
- I will report any safety, medical or health issue or injury to the Sponsor Teacher.

\_\_\_\_\_  
**Student's Name**  
*(please print)*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date** *(year/month/day)*

**FOR OFFICE USE ONLY**

Paid by

Online

Cheque

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