

**OFF SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)**

To the Parent(s)/Guardian(s) of École Swan River School Grade 8 Students;

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/leader BEFORE signing it.

Please sign and returned this form to the school by Monday June 3rd, 2024. Forms will not be accepted after this date.

PROGRAM/ACTIVITY INFORMATION

FIELD TRIP:

CANOE SAFETY TRAINING @ SWAN VALLEY CREDIT UNION CENTER DATE: **June 12th pm (1230-330 pm)**

SERIES OF OFF-SITE ACTIVITIES (Specify program): Outdoor Education

TEACHERS-IN-CHARGE: S. Behrmann,
J Eisler

PHONE: 734-4518
E-MAIL: sbehrmann@svsd.ca

BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to one of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following: CANOEING, SWIMMING

CONSENT AND ACKNOWLEDGEMENT OF RISK

- Mode of Transportation: **SVSD Bus**
- I accept this mode of transportation for this activity: Yes ☐ No ☐
If no, specify alternative: _____
- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event related to his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service providers administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my duty to advise the board of any medical/health concerns of my child that may affect his/her participation.
- I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
- I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- Based on my understanding, acknowledgement, and consents as described herein, I agree that
(Name of Student) _____ has my permission to participate in the
CANOE SAFETY TRAINING SESSION WLUCC Outdoor Education field trip/program.

Date: _____ Name (Please print): _____ Signature: _____

**OFF SITE ACTIVITY CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK (HIGHER CARE OUTINGS)****FIELD TRIP EMERGENCY MEDICAL INFORMATION** (Write below or attach a separate page if more space is needed)

Student Name: _____ Birth Date: _____

Manitoba Health Registration No. (6-digits): _____ Manitoba PHIN (9-digits): _____

Student School Accident Insurance: ☐ Yes ☐ No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____