

SVSD PARENT PERMISSION FORM

_____ ESRSS would like your consent for your son / daughter to participate in the following activity(ies):

Basketball Jam

Type of Out of School Experience Day Trip Overnight Trip

Date(s) of Trip:	Wednesday Feb, 14		
Destination:	ESRSS		
Transportation:	Parent		
Reason for Trip:	Basketball Jam		
Accommodations:			
Departure Time:	Arrival time 4:45 (Games start @5)	Return Time:	8:00
<input checked="" type="checkbox"/> Additional Trip Information Attached (cover letter, trip details, itinerary)			

Transportation ordinarily will be by Division bus(es). However, occasionally it is necessary to arrange transportation by division van or parent vehicles when buses are not available. (R5.36.1)

It is understood that your son/daughter is to obey all school rules and that disciplinary action will be taken if deemed necessary.

Elements of Risk: Educational activity programs, such as the above activity, involve certain elements of risk. Injuries may occur while participating in these activities. The risk of sustaining injuries results from the nature of the activity and may occur without fault of either the student or the School Board, its employees, 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. It is recommended that your son/daughter have a recent medical examination to ensure fitness to participate in this school program.

Jan 26, 2024

Signature of Trip Supervisor

Date

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT. ALL STUDENT MEDICAL & CONTACT INFORMATION FOR THIS TRIP WILL BE TAKEN FROM THE SCHOOL DATABASE AS OF SEPTEMBER OF THE CURRENT SCHOOL YEAR.

PLEASE FILL IN MEDICAL & CONTACT INFORMATION ONLY IF THERE HAVE BEEN CHANGES to information filed at time of annual registration.

Recent Injury / Illness: _____	Medication: _____
MB Health: 6-Digit # _____	MB Health: 9-Digit # _____
Family Doctor Name: _____	Phone Number: _____
Home Phone: _____	Work Phone: _____
Emergency Contact: _____	Cell Phone: _____
	Phone Number: _____

ACKNOWLEDGEMENT:

I, _____ understand and accept the above, and hereby give permission for
(Parent / Guardian's Name)

_____ to participate in the _____.
(Student's Name)

I HAVE READ THE ABOVE INFORMATION AND DO HEREBY GIVE MY CONSENT.

Signature of Parent / Guardian

Date