



SVSD PARENT PERMISSION FORM

Acknowledgment of Risk Form

Dear Parent/Guardian;

Benito School would like your consent for your child to participate in the following activity:
(School)

Type of Out of School Experience

☒ Day Trip

☐ Night Trip

Date(s) of Trip:	Oct 28		
Destination:	ESR		
Transportation:	SVSD Bus		
Reason for Trip:	Volleyball		
Accommodations:	-		
Event Time:	10 AM	End Time:	3 PM
☒ Additional trip information attached (cover letter, trip details, itinerary)			

Transportation ordinarily will be by SVSD 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 child 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 SVSD 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 child have a recent medical examination to ensure fitness to participate in this school activity.

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 #	
Out of Province Health #			
Family Doctor Name		Phone #	
Main Contact Number		Work #	Cell#
Emergency Contact		Phone #	

ACKNOWLEDGEMENT:

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

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

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

Signature of Parent/Guardian

Date