

**Appendix 3: Parent/Guardian Consent**

(for all field trips and off-site activities)

**Squamish Elementary  
Blanket Walking Field Trip Form  
2022-2023**

**Field Trip Information**

To the parents/guardians of a field trip participant:

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

If this form is not signed and returned to the school by **Sept 23,2022** , your child WILL NOT BE ALLOWED TO ATTEND.

**Program/Activity Information**

Destination/Activity **Walking destinations in the neighbourhood during the 2022-2023 school year.**

ActivityDescription **Walking permission for the school year. Various locations within walking distance**

<u>Departure Date</u>	<u>Departure Time</u>	<u>Return Date</u>	<u>Return Time</u>
Various short walking trips.	During the school day.	Same Day	Various Times

Area of Study (as related to BC Curriculum) **Community exploration.**

Transportation: (check all that apply)  School District bus/van  Walking  Public Transportation  Charter Bus  Rental Van  Service Provider  Other(Specify)

Drivers: (check all that apply)  Volunteer Driver, Staff/Supervisor  Professional Driver(s)  Other (Specify)

Lead Teacher **Sarah Hain / Classroom teachers**

Total number of supervisors planned  Supervisory Arrangements **As per SD 48 requirements.**

Estimated Cost to Student **\$0.00**

What to Bring **Clothing appropriate for the weather/sun protection/water bottle/snack**

Other Considerations **N/A**

**Board Responsibilities**

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

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

Risks inherent in the trip: **Traffic related risks, not following instructions, falling/tripping, environmental, vehicular accident**

Involves water-based activities (See appendix eight)

Safety plan for inherent risks: **Supervision at front/back of group, regular check-ins, choosing safest route for walking, first-aid kit, using crosswalks, cancel if extreme weather conditions and review safety expectations before leaving on walk.**

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

1. I accept the mode of transportation for this activity.
2. 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.
3. 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 arising from his/her participation.
4. 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 provider's administrators, instructors, and supervisors over all phases of the program/activity.
5. 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 and I will be responsible for any costs associate.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation.
7. I acknowledge that the Board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory, security). I accept that the Board will not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ has my permission to participate in this activity.

Date: \_\_\_\_\_ Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Contact Numbers:

#1 Day: \_\_\_\_\_ Evening: \_\_\_\_\_

#2 Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Student Medical Information**

My child's medical/emergency contact information is up to date with the school office.

My child has a current/temporary condition that may affect this field trip (for example, a sprained ankle).

I need to update my child's medical/emergency contact information. (Complete BC Student Information Verification form with school office)

Details/Instruction