



# FIELD TRIP STUDENT PARTICIPATION

## SINGLE TRIP CONSENT

This form is to be completed and retained at school for school sponsored off-site curriculum, co-curricular and extra curricular activities.

### Parent/Guardian Permission for Student Participation

**TEACHER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **ROOM:** \_\_\_\_\_

**DATE OF ACTIVITY:** \_\_\_\_\_ **DESTINATION:** \_\_\_\_\_

1. Proposed Educational Activity/Event Description:

\_\_\_\_\_

2. Supervision arrangement including staff:

\_\_\_\_\_

3. Itinerary:

\_\_\_\_\_

4. Transportation: \_\_\_\_\_

1) I/we acknowledge that:

- ◆ There may be inherent physical risks involved with this activity.
- ◆ Despite reasonable precautions, accidents can occur and the student identified below could possibly sustain personal or physical injury through his or her participation,
- ◆ I agree the Board, its employees, or agents will not be held liable for any damage or injury that may occur during this activity except where such damage or injury occurs as a result of the negligence of the Board, its employees or agents.

2) I/we am/are aware that insurance coverage for the student is primarily the responsibility of the parent or guardian.

3) I/we will inform the organizers of this activity of all pertinent health concerns and physical conditions regarding the student named below.

4) I/we am/are aware that, as applicable, an alternate "in-school" learning activity will be provided for students not accompanying the group on this activity.

5) I/we have read and understand the physical activities information above and hereby release St. Albert Protestant Schools from any claims by me/us in regard to this activity except in those circumstances where the board, its employees, or agents are negligent. I/we give consent and permission for my child to participate in the learning activity described.

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**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**DESTINATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL:** \_\_\_\_\_

### EMERGENCY CONTACT PHONE NUMBER

**Name:** \_\_\_\_\_ **#:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Student Health or Medical Condition:** (of which we should be aware)

\_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_