Consent of Parent/Guardian and Acknowledgment of Risk Form  
for School Field Trips

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| To the Parent(s)/Guardian(s) of Grade Six,  Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with Ms. Phillips BEFORE signing it. |
| **PROGRAM/ACTIVITY INFORMATION** |
| DESTINATION/ACTIVITY:  **Visit Victoria, B.C.** DATE: **Tuesday,** **June 18th, 2013**  PURPOSE OR EDUCATIONAL GOAL(S):  **To address learning outcomes covered in the Social Studies and Science curricula.**  LEAD TEACHER: **Ms. Phillips** TOTAL NO. OF SUPERVISORS PLANNED: **at least 6**  SUPERVISORY ARRANGEMENTS:  **While on the ferry, students will buddy up and will check with Ms. Phillips or parent volunteers at regular intervals. While at the Parliament Buildings, The Maritime Museum and the Museum of British Columbia, students will be supervised in small groups by a parent or by Ms. Phillips.**  METHOD OF TRANSPORTATION**:**  **-Parent drivers between St. Joseph the Worker and Tsawwassen**  **-B.C. Ferries between Tsawwassen and Swartz Bay**  **-Wilson’s Transportation (school bus) between Swartz Bay and Victoria**  ITINERARY/ACTIVITIES:  **After arriving in Victoria, weather permitting, students will eat lunch on the lawn of the B.C. Legislature. They will then enter the parliament buildings for a tour. Students will also watch an IMAX movie.**  COST PER PERSON: **$30**    WHAT TO BRING/WEAR**:**   * **Non-uniform clothes appropriate to the weather** * **A comfortable pair of shoes suitable for a fair amount of walking** * **A substantial snack** * **A “brown bag lunch”** * **A labeled water-bottle** * **Cash (Students will be permitted to buy food on the ferry at about 9:30 am and 5:30 pm and will be permitted to visit the ferry gift shop)**   DEPARTURE FROM SCHOOL: **7:15 am** RETURN TO SCHOOL: **7:15 pm** |
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| *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 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. |

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| POTENTIAL KNOWN RISKS |
| *Potential known risks include the following:*  • Injuries related to vehicle crashes en route to and from activity area  • Injuries related to traveling by ferry during the 90 minute voyage to and from Vancouver Island;  • Becoming lost or separated from the group or the group becoming split up;  • Injuries related to trips and falls;  • Allergic reactions to food related substances; and  • Other risks normally associated with participation in the activity and environment |
| **CONSENT AND ACKNOWLEDGEMENT OF RISK** |
| Destination/Activity/Program:  **Grade Six field trip to Victoria, B.C. on Tuesday, June 18thth, 2013**  1. 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.  2. 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.  3. 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.  4. 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.   1. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity. 2. 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. 3. Based on my understanding, acknowledgement, and consents as described herein,   (Name of Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to participate  **Payment:**  \_\_\_\_\_ I have included cash or a cheque for $30 to cover the cost of one student.  \_\_\_\_\_ I have included cash or a cheque for an additional $30 to cover the cost of one adult.  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (*Please print*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |