



AP L3.8. School Field Trip Consent Form for Moderate Risk / Higher Care Activities

(Field Trip Categories 3 and 4)

Date: _____

Dear: _____

In consideration of School District No. 64 (Gulf Islands) offering an opportunity for my child _____, to participate in a field trip for Grade _____ students on _____ (mm/dd/yyyy), I waive any and all claims I may have against, and release from all liability and agree not to sue the Board of Education of School District #64 (Gulf Islands) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education and Child Care for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause whatsoever, including negligence.

initial

I hereby give my consent, and acknowledge by my signature that:

1. Students will be going to _____ (location) and will be away from the school from _____ to _____ (times). They will be travelling by _____ (i.e. school bus, public transport, foot).

initial

2. On this field trip, up to _____ (number) students will be:

initial

(describe all activities – i.e., skiing, backpacking, walking, using climbing apparatus, cooking meals on camp stoves, tenting.)

3. The students will be supervised by

*a typical response might be "school employees and hopefully 2-4 parent volunteers". It is important to indicate supervisory arrangements that will not be modified or reduced. Consider whether the trip will proceed even if there are no parent volunteers, or if a specific teacher is sick, but a substitute is available. **With older grades, you should add a sentence saying, "Your child will not necessarily be supervised by an adult at all times.*

initial

4. My child has no illnesses, allergies or disabilities that may require special attention, except as described here:

initial



5. I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to: Initial
6. I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including: initial
7. I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing. initial
8. My child and I understand that the school's *Code of Conduct* applies during this field trip. I will be responsible for any costs caused by my child's failure to abide by the *Code of Conduct*, including any costs to send my child home. initial
9. Accidents can be the result of the nature of the activity and can occur with or without any fault on either part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above is suitable for your child. initial
10. In signing this consent and Waiver, I am not relying on any oral or written representation or statements made by the Board of Education and its agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent Form. initials



11. I am 19 years of age or more and have read and understand the terms of this Consent Form and understand that it is binding upon me, my heirs, executors and administrators.

_____ *initial*

NOTE: It is recommended that this form be signed by all custodial parents / legal guardians of a child who is under the age of 19 years . For all out-of-country trips or where a family law agreement requires it, this form MUST be signed by ALL custodial parents and legal guardians.

Date: _____

Signature of Witness

Signature of Parent/Guardian

Printed Name of Witness

Printed Name of Parent/Guardian

Address

Address

Date: _____

Signature of Witness

Signature of Parent/Guardian

Printed Name of Witness

Printed Name of Parent/Guardian

Address

Address

The Board recognizes that some students may not be able to cover these costs, and in such cases will ensure that no student is denied an opportunity to participate in educational programs or activities based on financial hardship. Please contact the school principal should you require assistance.