



Bruce-Grey Catholic District School Board
INFORMED CONSENT/PERMISSION FORM
FOR EDUCATION TRIPS
FOR STUDENTS UNDER 18 YEARS

School:

will be participating in

Activity:

Date:

Location:

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.

ELEMENTS OF RISK

Educational activity programs, such as _____, involve certain elements of risk.

_____ may occur while participating in these activities. The following list includes, but it is not limited to, examples of the

_____ types of injury which may result from participating in _____:

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents 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.

If you/your child chooses to participate in _____ you must understand that

you bear the responsibility for any injury that might occur.

The Bruce-Grey Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGE

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the _____ to be held on or about _____.

Signature of Parent/Guardian: _____ Date: _____

STUDENT MEDICAL ALERT

Are you at present taking MEDICATION: Yes No

If YES, please name the medication and give the reason for taking this medication.

1.

2.

Do you have any ALLERGIES? Yes No

Please specify the type of allergy, in particular food and drug allergies.

For parents/guardians of children with SPECIAL MEDICAL CONDITIONS, we ask your help in providing detailed information about appropriate procedures.

Emergency Medication Required: Yes No

If yes, describe:

School personnel have my permission to administer emergency medication. Written instructions will be provided with the medication, as prescribed by the doctor.

Parent/Guardian's Signature

Where there is a student risk, those in charge must have an **action plan** to include preparation for:

- * location and administration procedures, e.g. epinephrine
- * communications plan
- * transportation plan
- * nearest medical assistance
- * nearest hospital emergency department

My suggestion for School Action Plan: