

**ROCKY MOUNTAIN TRIP CONSENT OF PARENT/GUARDIAN  
AND ACKNOWLEDGEMENT OF RISK  
KELVIN HIGH SCHOOL**

To the Parent(s)/Guardian(s) of: \_\_\_\_\_

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

The signed form must be returned to the school in order for the student to participate in the trip.

**PROGRAM/ACTIVITY INFORMATION**

FIELD TRIP: ROCKY MOUNTAIN (Canmore, Alberta area) TRIP DATE(S): JUNE 21 – 28, 2024  
SERIES OF OFF-SITE ACTIVITIES : OUTDOOR PURSUITS: DAY HIKES

TEACHERS-IN-CHARGE: K. DeVos, A.Gysel PHONE: 204 474-1492 EMAIL: kdevos@wsd1.org, agysel@wsd1.org

**BOARD RESPONSIBILITIES**

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

- a. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b. The students are adequately supervised over all aspects of the program/activity.
- c. The location(s) used are appropriate and safe for the activity(ies) and group.
- d. Equipment used has been inspected and deemed appropriate and safe.
- e. A Safety Plan is in place to identify and manage known potential risks.
- f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

**POTENTIAL KNOWN RISKS**

Potential known risks include the following: Vehicular accident while traveling, injuries related to slips or falls, foot injuries (blisters, sprains) or leg/knee injuries, wildlife encounters, becoming lost or separated from the group, hypothermia due to insufficient clothing, allergic reactions to natural or food related substances, swimming accidents (pool).

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

1. Mode of Transportation: Tour Bus (primary), car (secondary in Canmore)

I accept this mode of transportation for this activity: Yes  No

If no, specify alternative: \_\_\_\_\_

- 3. 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.
- 4. 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 due to an unforeseeable event related to his/her participation.
- 5. 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 providers administrators, instructors, and supervisors over all phases of the program/activity.
- 6. 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.
- 7. I acknowledge that it is my duty to advise the board of any medical/health concerns of my child that may affect his/her participation.
- 5. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health advisory). I accept that the board will not be liable for any costs associated with such a cancellation.
- 6. I consent that the board, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.
- 10. Based on my understanding, acknowledgement, and consents as described herein, I agree that

(Name of Student) \_\_\_\_\_ has my permission to participate in the \_\_\_\_\_ field trip/program.

Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

***\*Please complete the medical information form on the reverse side of this form.***

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**FIELD TRIP EMERGENCY MEDICAL INFORMATION** (Write below or attach a separate page if more space is needed)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Caregivers: \_\_\_\_\_

Manitoba Health Registration No. (6-digits): \_\_\_\_\_ Manitoba PHIN (9-digits): \_\_\_\_\_

Student School Accident Insurance:     Yes    No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? \_\_\_\_\_

Carries Epipen?  Yes    No    Carries Ana Kit?    Yes    No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

3) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_ (work) \_\_\_\_\_