FOOTHILLS SCHOOL DIVISION #38
INFORMED CONSENT/PERMISSION FORM FOR EDUCATION FIELD TRIPS

C. Ian McLaren is arranging for **Grade 5 & 6 students** to participate in **the Foothills School Division Grade 5/6 Basketball Club** from **January 8 to February 14/19**

Transportation will be via: **Bus**

THIS FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF EVERY STUDENT WHO CHOOSES TO PARTICIPATE. THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL BY THURSDAY, DECEMBER 20, 2018
(Date)

ELEMENTS OF RISK:
Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury or risks which may result from participating in **Grade 5/6 Basketball Club**
(Describe activity)

1. bus accident
2. basketball related injuries
3. pedestrian accident
4.

The risk of sustaining these types of injuries result from the nature of the activity and can occur without 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 choose to participate in the above referenced activity, you must understand that you bear the responsibility for any injury that may occur. Foothills School Division #38 has basic student accident insurance coverage in place as described more fully in the materials that were sent home at the commencement of the school year.

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

Signature of Parent/Guardian: _____ Date: _____

PERMISSION:

I give _____ permission to participate in the **Gr 5/6 Basketball Club**
(Students Name) (Describe Activity)

to be held on or about **Jan 8 – Feb 14/19**
(Date)

Signature of Parent/Guardian: _____ Date: _____

COST $37

MEDICAL INFORMATION FORM – DAY TRIPS

Trip Information

Description of Activity: Grade 5/6 Basketball Club Activity Date: Jan 8 – Feb 14/19

Student Information

Student Name: _____

Parent contact telephone # _____ _____
(Home) (Work)

Emergency contact #1 _____ _____
(Name) (Phone)

Emergency contact #2 _____ _____
(Name) (Phone)

Medical Information

Please list any concerns or conditions that can influence your child's participation in this activity.

Does your child have any known allergies? If yes, please provide details and required treatment.

Please list any dietary concerns or conditions that your child has.

This is my/our permission for the teacher in charge, or their designate, to make arrangements for any necessary emergency medical attention in the event of serious illness or injury. If such attention is required, every effort will be made to notify the parent/guardian or emergency contact as quickly as possible.

Date: _____ Signature of Parent/Guardian _____