

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS

(Students Under 18 Years)

_____ is arranging a trip to _____
(school)
on _____
(date)

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:

Education activity programs, such as _____ involve certain elements of risk. Injuries may occur while participating in these activities. Examples of the types of injury which may result from participating in the activities, are included in the parent presentation.

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 engages in the activity.

If you choose to participate in _____ on _____, you must understand that you bear the responsibility for any injury that might occur.

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

ACKNOWLEDGEMENT

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 _____
(name of student)

to be held on _____
(date)

Signature of Parent/Guardian: _____ Date: _____