



#60795v7

ST. JAMES ASSINIBOIA SCHOOL DIVISION IJOA-E-1

SCHOOL NAME: INFORMED CONSENT PERMISSION FORM FOR EDUCATION TRIPS (Students under 18 years of age)

Description of Activity: STUDENTS WILL ATTEND A DRESS REHEARSAL WITH THE WINNIPEG SYMPHONY ORCHESTRA, LEAVING LINCOLN AT 8:15AM, GOING TO THE CENTENNIAL CONCERT HALL, REHEARSING THERE UNTIL 11:00AM, THEN LEAVING THE CENTENNIAL CONCERT HALL AT 11:15. STUDENTS IN THE GRADE 8 CONCERT BAND WILL BE TAKEN TO THE CONVENTION CENTRE FOR THE OPTIMIST BAND FESTIVAL THEN THE REMAINING STRING STUDENTS WILL CARRY ON BACK TO LINCOLN RETURNING FOR LUNCHTIME

Description of Transportation: School Bus,

Date of Activity: Feb. 24th

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 the above activity, involve certain elements of risk. Injuries may occur while participating in these activities. Following are examples of the types of injuries possible when participating in the above activity. There may also be risk of other types of injury.

1. Injuries related to vehicle crashes en route
2. Injuries related to slips, trips, and falls
- 3.

The risk of sustaining injuries results from the nature of the activity and may occur without fault of either the student or the School Board, its employees, 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. By signing this consent form you indicate that you understand that your child is participating in an activity with the associated risks as outlined above.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

The School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity. The School and Division do not assume any financial responsibility in the event that students are stranded or delayed due to events and circumstances beyond the control of the school division. The School and Division also do not assume any financial responsibility in the event that a field trip is postponed or cancelled. The School and Division strongly recommend parents purchase trip cancellation insurance.

All students participating in trips that involve risk and/or trips outside the city must have supplemental medical insurance. For field trips outside Manitoba, students must be covered by extended health coverage (dental and ambulance transportation) along with travel health insurance.

****VOLUNTEERS WHO DRIVE STUDENTS TO/FROM ATHLETIC, SOCIAL, RECREATIONAL AND CULTURAL ACTIVITIES WITHIN THE SCHOOL DIVISION BOUNDARIES AND THE CITY OF WINNIPEG ARE EXEMPT FROM A CHILD ABUSE REGISTRY OR CRIMINAL RECORD CHECK.**

Acknowledgement:

We, _____ and _____ understand and accept the above and
(Parent/Guardian's Name) (Student's Name)

hereby give permission for _____ to participate in the activity described above.
(Student's Name)

Name of Student: _____ Signature: _____ Date: _____
(Print)

Name of Parent/Guardian : _____ Signature: _____ Date: _____
(Print)

APPROVED 80/05/27, REVISED March 25, 2003 – Motion 06-04-03; REVISED April 13, 2004 – Motion 09-02-04, Revised 13/April/08, Effective 30/August/08; Revised 26/May/09, Effective 30/August/09; Revised January 2010

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, and will be used and disclosed for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.

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****PARENTS MUST FILL OUT MEDICAL FORM IJOA-E-13 OR IF ALREADY ON FILE MUST NOTIFY SCHOOLS IN WRITING OF ANY CHANGES TO THEIR CHILD'S MEDICAL INFORMATION**

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