

SD60 OFF-SITE ACTIVITY(IES) for International Students

CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK (Higher Care Trip)

Dear Parent/Guardian,

Please read through the following carefully. If you have any questions, contact the District Principal of the International Student Program at bcampbell@prn.bc.ca before signing this form. ***If this form is not signed and returned to the school by the first day of attendance in SD60, your child WILL NOT BE ALLOWED TO PARTICIPATE in these activity (ies).***

PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: (please check those activities/destinations you consent to your child participating in/attending)

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Swimming | <input type="checkbox"/> Skiing/Snowboarding | <input type="checkbox"/> Mountain biking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Go-Karting | <input type="checkbox"/> Rock climbing | <input type="checkbox"/> Ice Skating/Hockey |
| <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Golfing | <input type="checkbox"/> Curling |

DATE(S): **During the academic school year**

PURPOSE OR EDUCATIONAL GOAL(S): **Cultural activities for international students and/or entertainment**

METHOD OF TRANSPORTATION: **Bus or Host Parent vehicles**

LEAD TEACHER: **SD60 approved supervisor**

TOTAL NO. OF SUPERVISORS PLANNED: **1 adult to 14 students**

COST TO THE STUDENT: **varies from free to \$200 or more (approximately, depending on activity)**

BOARD RESPONSIBILITIES

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

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

POTENTIAL KNOWN RISKS

Examples of potential known risks include the following (depending on activity):

Injury from skiing/boardings; biking; rock climbing/hiking/Go-Karting, encounter with a bear on hike, getting lost, etc.

Additional Comments/Requirements:

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program as checked above:

1. I accept the mode of transportation for the activity (ies).
2. I acknowledge my right and responsibility 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.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity (ies) and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. 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 provider's administrators, instructors, and supervisors over all phases of the program/activity(ies).
5. 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 and I will be responsible for any costs associate.
6. I acknowledge that it is my duty to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation.
7. I acknowledge that the Board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory, security). I accept that the Board may not be liable for any costs associated with such a cancellation.
8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
9. Based on my understanding, acknowledgement, and consents as described herein.

My child _____ has my permission to participate in the activity (ies) as checked above.

Date: _____

Name of Parent/Legal Guardian (please print)

Name of Parent/Legal Guardian (please print)

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian