

# Parent/Guardian Field Studies Consent Form



## KITSILANO SECONDARY SCHOOL

2706 Trafalgar Street  
Vancouver, B.C. V6K 2J6  
Telephone: 604 713-8961 • Fax: 604 713-8960

Teacher: \_\_\_\_\_

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

The purpose of this form is to inform you about a proposed field studies involving your child, and to seek your support and permission for your child to participate. Field studies are part of the school program and they provide students with valuable learning experiences. However, should you not wish your child to participate in this activity, school staff will assign the student other learning activities at the school.

This is an important document. Please review the contents of this Consent and Acknowledgement of Risk form carefully prior to providing permission for your child to participate in this excursion. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

If this form is not signed and returned to the school by \_\_\_\_\_, your child WILL NOT BE ALLOWED TO ATTEND.

### PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: \_\_\_\_\_ DATE(S): \_\_\_\_\_

SERIES OF ACTIVITIES TO BE UNDERTAKEN (Specify program): \_\_\_\_\_

PURPOSE OR EDUCATIONAL GOAL(S): \_\_\_\_\_

ITINERARY/ACTIVITIES: \_\_\_\_\_

METHOD OF TRANSPORTATION: \_\_\_\_\_ BY: \_\_\_\_\_

EDUCATOR-in-CHARGE: \_\_\_\_\_

TRIP SUPERVISORS PLANNED: \_\_\_\_\_

COST TO THE STUDENT: \_\_\_\_\_ WHAT TO BRING: \_\_\_\_\_

OTHER CONSIDERATIONS: \_\_\_\_\_

BEHAVIOUR EXPECTATIONS: \_\_\_\_\_

### SCHOOL 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.
  - 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 AND SPECIAL SAFETY INFORMATION

The purpose of this section is to detail and reinforce with parents all potential known risks of participation in the field study to ensure parents/guardians are providing informed consent. Safety issues and precautions which have been discussed with students should also be referred to. For example, if the students will be required to wear any specific safety equipment, such as goggles or helmets.

Additional Comments/Requirements:

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

**KITSILANO SECONDARY SCHOOL**

Destination/Activity/Program: \_\_\_\_\_ Dates: \_\_\_\_\_

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

- 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.
- 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.
- 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.

I, \_\_\_\_\_ (Name of parent/guardian) give permission for (Name of student) \_\_\_\_\_ to participate in the field study described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

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

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

Comments (please include any restrictions or limitations which would prevent your child from fully participating in this trip, or any other special concerns which Board staff should be aware of surrounding your child.

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**NOTE:**

Efforts to minimize costs have been made to support student participation. In accordance with Board policy JN *Students Fees, Fines and Hardship* no student shall be denied an opportunity to participate in an activity because of an inability to pay fees. Please contact the teacher or Principal if you have questions or concerns regarding the amounts listed above.

**Teacher Notification – if class time is missed**

BLOCK	SUBJECT CLASS	TEACHER SIGNATURE	HOMEWORK/ASSIGNMENTS	COMMENT/CONCERNS
1-1				
1-2				
1-3				
1-4				
2-1				
2-2				
2-3				
2-4				
1-5				

# Medical/ Emergency Consent Form Template

## Kitsilano Secondary School Medical Information For Field Studies

The collection and retention of information requested on this form is authorized and governed by the British Columbia School Act and the Freedom of Information and Protection of Privacy Act.

### OFF-SITE EXPERIENCE EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the teacher in making your child's field studies experience comfortable, safe and pleasant. (Please print carefully and legibly)

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

Grade/Program: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

BC Medical Services Plan Personal Health No.: \_\_\_\_\_ Student School Accident Insurance:  Yes  No

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

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

Carries Epi pen?  Yes  No Inhaler?  Yes  No Medical Alert Bracelet?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

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

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

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): \_\_\_\_\_

Other Health/Medical/Dietary Concerns/restrictions: \_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form: \_\_\_\_\_

Should it become necessary for my child to have medical care, I hereby give the teacher permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

