



St. Albert

PUBLIC SCHOOLS

FIELD TRIPS

STUDENT PARTICIPATION CONSENT FORM

APPENDIX I

PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION

Student Name: _____

This form must be returned by (mm/dd/yy): _____

School: _____ Teacher: _____

Grade or Program: _____ Date: _____

Activity or Event: _____

Description of the Proposed Educational Activity(ies) or Event(s):

Arrangement for Supervision:

Proposed Itinerary (including method of transportation):

Student Health or Medical Conditions (of which we should be aware):

Cost to Student (if any): \$ _____

The charge for the field trip is calculated to be as close to break-even as practical. If any residual amounts remain they will be spent on _____ at the school.

1. I/we acknowledge that:
 - there may be inherent physical risks involved with this activity,
 - despite reasonable precautions, accidents can occur and the student identified below could possibly sustain personal or physical injury through his or her participation,
 - the Board, its employees, or agents will not be held liable for any damage or injury that may occur during this activity except where such damage or injury occurs as a result of the negligence of the Board, its employees or agents.
2. I/we am/are aware that insurance coverage for the student is primarily the responsibility of the parent or guardian.
3. I/we will inform the organizers of this activity of all pertinent health concerns and physical conditions regarding the student named below.

4. I/we am/are aware that, as applicable, an alternate "in-school" learning activity will be provided for students not accompanying the group on this activity.
5. I/We have read and understand the physical activities information above and hereby release St. Albert Public Schools from any claims by me/us in regard to this activity except in those circumstances where the board, its employees, or agents are negligent. I/we give consent and permission for _____
(student's name) to participate in the learning activity described.

Signature of Parent(s) or Guardian(s): _____

Date: _____

Parent or Guardian Contact Information:

Name: _____

Phone: _____ **Alternate Phone:** _____

An Alternate Emergency Contact is:

Name: _____ **Phone:** _____

Relationship to Student: _____