



**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):** \$ \_\_\_\_\_

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:** \_\_\_\_\_