

PARENTAL/GUARDIAN CONSENT FORM FOR DAY FIELD TRIPS

**THIS FORM MUST BE READ, COMPLETED, AND SIGNED BY THE PARENT/GUARDIAN
OF A PARTICIPATING STUDENT**

Name of School:	Staff Supervisor / Organizer
Field Trip Location:	Date of Field Trip:
Field Trip Description:	
Mode of Transportation:	
Financial Cost if applicable:	

STUDENT INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

Student Name:	Parent/Guardian Name:
Parent/Guardian Phone Number(s):	

Is your child allergic to any food, drugs or medications? Yes/No _____

Does your child have any prevalent medical conditions? Yes / No _____

If yes, please identify the prevalent medical conditions below.

Please indicate below if there is any information about your student that we should be aware of and any precautions that should be taken eg. Allergies, medication, mental health concerns or diagnosis, physical limitations etc.

I will be available to help supervise this activity (Yes / No)

Elements of Risk

Educational activity programs such as field trips involve certain elements of risk. Injuries may occur while participating in these activities without any fault on either the part of the student, or the school board, its employees/agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk of an accident occurring. Lakehead District School Board (LDSB) has policies and procedures in place to govern the conduct of students, staff, and volunteers to ensure the safety of all participants. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. LDSB does not provide any insurance for any injury that might occur. If you choose to participate in this educational field trip, you must understand that you will bear the responsibility for any accident that might occur.

Acknowledgement

We have read the above. We understand that in participating in the activity, we are assuming the risks associated with doing so. My child has permission to participate in this activity.

Name of Parent or Legal Guardian: _____

Signature of Parent/Guardian: _____

Date: _____