

**STUDENT CONSENT FORM FOR Extended SCHOOL FIELD TRIPS
(For Students 18 years of age and older)**

This form must be read and signed by a student who wishes to participate. Failure to return this form will result in the student not being able to attend the activity.

Name of Student:

Grade:

School:

Student's address:

Student's Cell #:

Parent/Guardian (or Next of Kin) Home Telephone #:

Parent/Guardian (or Next of Kin) Business Telephone/Cell #:

Parent/Guardian (or Next of Kin) e-mail:

Proposed Trip (activity and destination):

Pertinent Details:

Elements of Risk:

- 1.
- 2.
- 3.

Date(s) of Trip:

Time of Departure:

Time of Return:

Place of Departure:

Place of Return and Other Information re: Pick-up:

Trip Contact Person (available 24 hours) Phone #:

Staff Supervisor(s):

Cost of Participation:

I have read the itinerary or details of the activity and I am familiar with the nature of the trip/activity in which I will partake. I am physically and emotionally capable of participating in this activity and any special medication, if required has been identified on the medical information form. I also agree that I shall be required to follow whatever school rules and regulations apply, as explained to me by the staff supervisor and that I am expected to behave in the same manner as I would if I were in school during the regular school day. I do understand that I may be returned home, at my expense, should the trip supervisor deem my behavior to be so disruptive and/or inappropriate as to warrant cancellation of trip privileges. I understand that my parent/guardian will be contacted, and I (we) are responsible to make arrangements for my return home.

Elements of Risk:

The risk of injury may exist in school field trips and out of school activities. Due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains to more serious injuries. The safety and well-being of students is of primary concern and the Lakehead District School Board shall make its best efforts to manage as effectively as possible the foreseeable risks inherent in all activities.

I understand that the Board does not provide accidental death, disability, dismemberment, or medical expense insurance on behalf of the students participating in this activity and that it is recommended that I purchase accident insurance. If this activity relates to an out-of-province or out-of-country trip, I understand that appropriate accident insurance must be purchased for such travel and that if I have not purchased this coverage, I may not be permitted to participate.

The completed form must be returned to the teacher at least one week prior to the school trip.

Signature of Student:

Date