



## Consent of Parent or Guardian and “Acknowledgement of Risk” for “A” and “B” Off-Site Activity/ies Risk and Insurance Management

PLEASE READ CAREFULLY

STUDENT NAME: \_\_\_\_\_

SCHOOL: Chaparral School

Select either (A) or (B) by marking an "X" in the box below

(A)  My child, or I, an “Independent Student” under the *School Act* (in either case, the “Student”), will be given the opportunity to participate in the program or activity referred to in Attachment 1.

**OR**

(B)  My child, or I, an “Independent Student” under the *School Act* (the “Student”), will be given the opportunity to participate in the program and series of off-site activities for the program referred to in Attachment 1.

1. As the parent or legal guardian of the Student, I agree on my own behalf and on behalf of the Student (or, as an Independent Student, I agree) to release The Calgary Board of Education (“CBE”), its Trustees, Superintendents, employees, consultants, agents and volunteers (collectively, the “CBE Group”) and the Service Provider(s) of the program or activity named in Attachment 1 and its /their respective directors, officers and personnel (together with the CBE Group, collectively, the “Releasees”) from any actions, claims, demands, losses, liabilities, damages, costs and expenses (“Losses”) arising from or related to:
  - a) the program and activity/ies and any services provided to the Student during the program and activity/ies, except to the extent of Losses arising from the negligence or wilful default of any of the Releasees;
  - b) any risks and hazards inherent in or arising from the program and activities, whether foreseeable or unforeseeable;
  - c) any delay or failure to perform the program or activity/ies or related services arising due to events beyond the reasonable control of the Releasees, including without limitation, as a result of acts of God, fire, flood, epidemic, earthquake, terrorist acts, acts of war, governmental actions or changes of law; and
  - d) transportation of the Student to and from the activity/ies, including in the course of embarking or disembarking from any mode of transportation.
2. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that:
  - a) the supervisors and staff of the Service Provider are fully trained and qualified to supervise and direct the activities;
  - b) any CBE teacher or personnel accompanying the participants during the program and activities are trained and skilled as applicable;
  - c) the location and/or facilities at which the activities are carried out meet applicable health and safety standards;
  - d) any equipment made available to the Student by the Service Provider for use in the activity has been inspected by it and is deemed by it to be appropriate, safe, and well maintained;
  - e) the Student will be asked to participate in activities during the program or activity/ies that are age and observable skills appropriate; and
  - f) the Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.
3.
  - a) I have been provided by the CBE with information about the program and activity/ies, including the general nature of certain foreseeable risks and hazards associated with the program and activity/ies. However I understand any such risks that may have been identified by the CBE do not constitute a comprehensive and exclusive list of foreseeable or unforeseeable risks. I am not relying solely upon such information provided by the CBE and I reserve the right to obtain additional information upon such basis as I determine.
  - b) I voluntarily acknowledge and assume on my behalf and on behalf of the Student (or I, as an Independent Student, assume) the risks and hazards, known and unknown, inherent in the nature of or arising from or related to the program and activity/ies and I understand and acknowledge that the Student (or, as an Independent Student), as a participant in the program and activities, may suffer personal and potentially serious injury, illness, property damage or loss due to the foreseeable and unforeseeable risks inherent in or related to the program and activity/ies.

## CONSENT AND ACKNOWLEDGEMENT OF RISK

4. I confirm that the Student (or I, as an Independent Student) shall comply with the CBE's policies in effect from time to time (as contained on CBE's website or as otherwise disclosed to me by CBE) and any applicable CBE or school Code of Conduct and the rules of the Service Provider (as disclosed to me) in respect of the program and activity/ies as well with the directions and instructions of the CBE and/or Service Provider(s) with respect to the program and activity/ies.
5. I acknowledge that the failure of the Student (or my failure as an Independent Student) to abide by the CBE and/or Service Provider instructions and directions and with any applicable laws during or related to the program and activity/ies may result in exclusion of the Student (or me, as an Independent Student) from the program and activities, in which event, I, as a parent or guardian will transport the Student (or I, as an Independent Student, will be responsible for departing) from the location of the activities.
6. I acknowledge that it is my responsibility to advise the CBE of any medical and health concerns as well as dietary restrictions that may affect the Student's participation (or my participation as an Independent Student) in the program and activity/ies and I consent to the sharing of such information by the CBE with the Service Provider(s) and all of their respective applicable personnel and applicable professional medical personnel as reasonably required.
7. I acknowledge and agree that the CBE and/or the Service Provider may take any actions they deem necessary for the Student's safety, health and well-being and, in the case of a medical emergency, may seek professional medical treatment and/or may transport or arrange to transport the Student (or me as an Independent Student) for emergency medical care, at my expense. **Attachment 2 to this Consent is a Medical Information form that I shall complete, sign and return with this form to the CBE** and I warrant that the information contained therein concerning the Student is complete and up to date.
8. I understand that I am responsible for the Student's (or, as an Independent Student, my) illegal activities arising during the program and activity/ies (including theft, vandalism or using or trafficking in illegal substances or non-prescription drugs).
9. I confirm that this Consent shall be binding upon me and, if I am a parent/legal guardian of a Student, that it shall also bind the other parent or legal guardian of the Student and the Student so that if the other parent or legal guardian or the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, I indemnify the Releasees from any Losses arising therefrom.
10. I confirm that I have had the opportunity to seek independent legal advice prior to signing this Consent.

Signature: \_\_\_\_\_  
(Parent/Legal Guardian or Independent Student)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Date

# Attachment 1

Teacher:	XXXX
Service Provider(s):	Trico Centre

<b>Activity</b>	<b>Location/Destination</b>	<b>Date</b>
Grade 4 Swimming Lessons	11150 Bonaventure Dr SE, Calgary, AB T2J 6R9	February 28, Mar 5, 12, 14, 19 & 21

**Attachment 2  
IMPORTANT - Medical Information**

**Health Information: (Teacher will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.) Can be typed or handwritten  
- MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT**

Activity: Grade 4 Swimming Lessons

Date(s): February 28, Mar 5, 12, 14, 19 & 21

Student Name: \_\_\_\_\_ Date of Birth (Yr/M/D): \_\_\_\_\_

Drug Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Food Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Insect Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Other Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please elaborate. Include activities to be restricted or modified.
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**Please fill out the medication names and details for administering them: (if more space is required please attach additional information)**

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

**Medication storage requirements:** \_\_\_\_\_

Are there any known side effects to above medication(s)? If "yes", please describe:

\_\_\_\_\_

Does the student have any psychological or emotional problems? If "yes", please describe:

\_\_\_\_\_

Are there any recent injuries to be concerned about? If "yes", please describe:

\_\_\_\_\_

Medical Treatment Restrictions (if any) e.g. blood transfusions: \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions (if any): \_\_\_\_\_

Additional Instructions/Information: \_\_\_\_\_

**Emergency Contact 1:**

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

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

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

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

**Emergency Contact 2:**

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

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

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

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

In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/Independent Student shall notify the Teacher of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

**If the student is registered in a CBE High School**, the requirement of teacher/staff supervision of self-medication by the student and of storing medication may be waived by the parent/legal guardian/Independent Student by marking in the box below with an "X":

I do not wish the CBE, its teachers/staff to store the student's medication or supervise the self-medication by the student.

Please note that:

1. the provisions contained in this form are subject to the CBE's Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the Teacher has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

**To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the Teacher immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student prior to or during the off-site activity or trip in which the student shall be a participant. I further agree to the following:**

- a) in the event of a medical emergency involving the student, the Teacher or his/her designates and any applicable CBE personnel or the Service Provider service provider may seek immediate professional medical assistance and CBE may disclose the information concerning the medications and all other relevant personal information concerning the student to professional medical advisors or paramedics as reasonably required; and
- b) if the medications are missing or damaged during the course of the off-site activity or trip, I release the CBE and any off-site service provider and its and their respective personnel, trustees, directors, officers, employees, consultants, agents, volunteers and representatives from any claims, actions, losses, damages, liabilities and costs arising therefrom.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_  
(Parent/Legal Guardian/Independent Student)

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal or Corporate Risk Management at (403) 817-7404.