

FORT LA BOSSE SCHOOL DIVISION

TITLE - **FIELD TRIPS**

POLICY - **IJOA-E-2**

Approval Date - 11/02/02

Cross Reference -

Resolution # - 51/02

Implementation - 11/02/02

Legal Reference -

Last Reviewed - 09/04/12

FORT LA BOSSE SCHOOL DIVISION PARENTAL PERMISSION

This form must be read, signed and returned to the school by every student who wishes to participate and by a parent or guardian of a participating student.

The _____ is arranging
(name of school or division)

(description of activity)

on or about _____
(date/s)

Elements of Risk:

Educational activity programs, such as the above, involve certain elements of risk. The school will attempt to minimize this risk by providing the following level of supervision while the students are under our jurisdiction:

Accidents may, however, occur while participating in these activities, and these accidents may cause injury.

Those accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the school Board or its employees or agents, or the facility where the event is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all time while engaged in the activity.

If you choose to participate in this activity you will bear the responsibility for any accident that might occur. The Fort La Bosse School Division does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.

Acknowledgement:

We have read the above, we understand that in participating in _____

_____ we are assuming the risks associated in doing so.

Signature of Student: _____

Date: _____

Signature of Parent/Guardian (if student under 18): _____

Date: _____

Permission:

I give _____ permission to

participate in _____ to be held on

or about _____

Home Phone #: _____ Emergency contact Phone #: _____

Signature of Parent/Guardian: _____

Date: _____

