

FORT LA BOSSE SCHOOL DIVISION

TITLE – **OFF-SCHOOL SITE PROGRAMS & ACTIVITIES** POLICY - **IJOA-E2**

Approval Date - 12/12/05

Cross Reference -

Resolution # - 449/05

Implementation - 12/12/05

Legal Reference -

Last Reviewed - 09/04/12

FORM #2

Off-School Site Extra Curricular Informed Consent Form

Dear Parent/Guardian,

As you are aware your son/daughter is participating in _____ at

_____.

The duration of this activity is from _____ to _____.

Participation in this event/activity will mean that your son/daughter may be required to leave school property to attend the event(s)/activity at another venue.

A tentative schedule is attached _____ Yes _____ Will be forwarded at a later date.

Transportation

Your son/daughter may be transported by any of the following means:

- divisional bus
- commercial transportation
- private vehicle driven by: a staff member, parent/adult.

It is expected that your son/daughter will follow all safety rules and promote the safe operation of the vehicle involved. Participants **must** wear a seat belt while in a private vehicle.

Medical

All students medical information supplied to the school will be available to supervisors. Please update any new information regarding health concerns regarding your son/daughter with the school Admin. Assistant.

Informed Consent

I/We am satisfied that I have been informed of my right to obtain as much information about this program, or activity as I feel necessary, including information beyond that provided to me by the school division to the extent that I require and am not relying solely upon information provided by the Fort La Bosse School Division respecting the nature and extent of the risks and hazards associated with the program or activity.

I/We acknowledge that it is my responsibility to advise the Fort La Bosse School Division of any medical or health concerns of my child, which may affect his/her participation in the stated program or activity.

I/We, the undersigned, hereby acknowledge that certain risks of injury are inherent in participation in sports, recreation activities and other off-school site programs. These types of injuries may be minor or serious and may result from one's actions or inactions of others, or a combination of both.

I/We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants, and hereby undertake to abide by these rules and regulations.

I/We understand that the choice to participate brings with the individual the **ASSUMPTION OF RISK** which are part of those activities.

I/We agree that the Board of Trustees of the Fort La Bosse School Division or its employees, servants or agents shall not be liable for any injury to person or loss or damage to personal property arising from, or ifrom, or in any way resulting from, participation in this **activity** UNLESS such injury, loss or damage is caused by **the SOLE NEGLIGENCE** of the Division or its employees, servants or agents while acting within the scope of their duties.

I/We understand and agree that this is a part of the school program, and that all activities will be under supervision. I/We also understand that as a result of participating in this program that the participant is expected to follow the School Procedures and Code of Conduct any deviations from these may result in consequences from the school administration.
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duties.

I/We understand and agree that this is a part of the school program, and that all activities will be under supervision. I/We also understand that as a result of participating in this program that the participant is expected to follow the School Procedures and Code of Conduct any deviations from these may result in consequences from the school administration.

I/We understand and agree that school discipline policies will be strictly enforced. It is expected that students will conduct themselves appropriately during all aspects of schooling and its environs.

I/We understand and agree that the use and possession of drugs or alcohol is strictly prohibited. Consequences are established based on procedures as stipulated in School/Divisional Policy.

I/We declare having read and understood the above **INFORMED CONSENT AGREEMENT** in its entirety and hereby consent to participate being aware of all foregoing.

Name of Child: _____

Name of Emergency Contact Person: _____

Phone Number of Emergency Contact Person _____



Parent/Guardian Signature

Participant Signature

Date