



## Parent/Guardian Local Neighbourhood Excursion Consent Form

To the Parent(s)/Guardian(s) of:

The purpose of this form is to inform you about neighbourhood excursions involving your child and to seek your support and permission for your child to participate. Neighbourhood excursions are part of the school program, and they provide students with valuable learning experiences. However, should you not wish your child to participate in this activity, school staff will assign the student other learning activities at the school.

**This is an important document. Please review the contents of this Consent and Acknowledgment of Risk form carefully prior to providing permission for your child to participate in this excursion. Clarify any questions or concerns with your teacher BEFORE signing it.**

### PROGRAM/ACTIVITY INFORMATION

\_\_\_\_\_ School Year

At various times throughout the school year, students will be accompanied by their classroom teacher on local neighbourhood excursions within walking distance of the school. These excursions are local low-risk activities. Students must be prepared for the weather with appropriate outdoor gear.

### SCHOOL RESPONSIBILITIES

The School District No. 8 (Kootenay Lake) will make every reasonable effort to ensure or ascertain that the following:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- A safety plan is in place to identify and manage known potential risks.
- An emergency plan is in place to deal with a student injury or student illness.

### POTENTIAL KNOWN RISKS AND SPECIAL SAFETY INFORMATION

While neighbourhood walks are generally considered to be low risk and district staff take reasonable measures to protect students, even these activities may present risk.

Potential known risks include the following: physical injury arising from slips, trips and falls (scrapes, bruises, sprains and strains, concussion, head injury, broken bones); more serious injury arising from collisions with other vehicles or cyclists; loss of property; student feelings of stress or anxiety (e.g., if separated from the group) and other unanticipated risks arising from participation in outdoor activities or the environment or inclement weather.

If you are aware of any reason why your child may not be able to safely participate in these events, please make sure you notify the classroom teacher.



## CONSENT AND ACKNOWLEDGEMENT OF RISK

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with these activities.

My child has been informed that they are to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.

In the event my child fails to abide by these rules and regulations, disciplinary action may require their exclusion from further participation, or may be contacted to have them picked up, unless I have specified other transport arrangements.

I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, \_\_\_\_\_ (name of parent/guardian), give permission for (name of student) \_\_\_\_\_ to participate in neighbourhood field trips. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

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

Parent/Guardian Contact Numbers: Day \_\_\_\_\_ Evening \_\_\_\_\_

**Parent/Guardian Comments** (please include any restrictions or limitations that would prevent your child from fully participating in these trips, or any other special concerns that the school should be aware of about your child:



School District 8  
Kootenay Lake

