



OFF-CAMPUS EXCURSION CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK FORM

I. EXCURSION DETAILS (to be filled out by Teacher)

Excursion Destination:	Telus Spark Science Centre	Student Name/Grade:	
Departure Date/Time:	Thursday, May 22, 2014 8:45 am	Return Date/Time:	Thursday, May, 22 2014 3:10pm
Teacher-in-Charge:	Mrs. Buhia, Ms. Leslie, Ms. Kennedy, Ms. Guet	Student Cost:	\$0
Additional Supervisors:	Mrs. Francis, Mrs. Crews and Parent Volunteers		
Method of Transportation:	Chartered Bus		
Purpose of trip:	The students will be involved in classes as well as explore the various exhibits.		
Potential Known Hazards:	Traffic hazards		
Form must be returned to CWAA by:	Thursday, May 15th		
School Responsibilities:	<p><i>The school will make every reasonable effort to ensure or ascertain that:</i></p> <ul style="list-style-type: none"> • <i>The staff, volunteers and/or service providers involved are suitably trained and qualified.</i> • <i>The students are adequately supervised over all aspects of the program/activity.</i> • <i>The location(s) used are appropriate and safe for the activity(ies) and group.</i> • <i>Equipment used has been inspected and deemed appropriate and safe.</i> 		

II. CONSENT & ACKNOWLEDGEMENT OF RISK (to be filled out by parent)

In signing this form:

1. I accept this mode of transportation for this activity: Yes No OR
I permit my child to use alternate means of transportation. Specify means: _____
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation.
4. My child has been informed that he/she is 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.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child which may affect his/her participation in the stated program or activity.
7. I consent that the school, through its employees, agents and officers may secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services. I have informed the school of my child's medical status.
8. **Based on my understanding, acknowledgement, and consents as described herein, I agree that _____ (Name of Student) has my permission to participate in this program/activity.**
9. **I have enclosed \$ 0.00 for the cost of this program. (Exact cash/check made payable to CWAA)**

Parent/Guardian Name

Parent/Guardian Signature

Date