



**GVSD OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF RISK**

To be completed for: a) Day Field Trips – as determined by Administration  
b) All Detailed Field Trips (Overnight or Longer)

Please read **both sides** of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the teacher/ leader BEFORE signing it.  
If this form is not signed and returned to the school by, **February 16<sup>th</sup>, 2018** your child will not be allowed to attend the Jazz Festival until payment and permission forms have been received.

**PROGRAM/ACTIVITY INFORMATION – Specifics to be attached (ie. Team schedule)**

ACTIVITY(S): Brandon Jazz Festival (Tonic, Inversions, Jazz Band)  
DATE(S): March 15<sup>th</sup> – 16<sup>th</sup>, 2018  
IN-CHARGE PHONE: (204) 325-8008

**SCHOOL RESPONSIBILITIES**

The school will make every reasonable effort to ensure or ascertain that:  
a. The staff, volunteers and/or service providers involved are suitably trained and qualified.  
b. The students are adequately supervised over all aspects of the program/activity.  
c. The location(s) used are appropriate and safe for the activity(ies) and group.  
d. Equipment used has been inspected and deemed appropriate and safe.  
e. A Safety Plan is in place to identify and manage known potential risks.  
f. An Emergency Plan is in place to deal with an injury or illness to one of the students.

**POTENTIAL KNOWN RISKS**

Strain of singing/playing on throat and body  
General accidents, such as tripping and falling  
Highway driving

**CONSENT AND ACKNOWLEDGEMENT OF RISK**

1. Mode of Transportation: Coach Bus By: Transportation Staff of Fehr Way Tours  
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 or board.  
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 unforeseen event related to 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 providers 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 transported home at my expense.  
6. I acknowledge that it is my duty to advise the school of any medical/health concerns of my child that may affect his/her participation.  
7. I acknowledge that the school may choose to cancel the trip for justified reasons (e.g., weather, health advisory, group behavior). I accept that the school will not be liable for any costs associated with such a cancellation.  
8. I consent that the school and/or activity supervisors 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.  
9. Based on my understanding, acknowledgement, and consents as described herein, I agree that  
(Name of Student) \_\_\_\_\_ has my permission to participate in the  
Brandon Jazz Festival \_\_\_\_\_ program/activity.  
  
Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**FIELD TRIP EMERGENCY MEDICAL INFORMATION** (Write below or attach a separate page if more space is needed)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Manitoba Health Registration No. (6-digits): \_\_\_\_\_ Manitoba PHIN (9-digits): \_\_\_\_\_

Student School Accident Insurance:  Yes  No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

\_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?  Yes  No Carries Ana Kit?  Yes  No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, chronic conditions, phobias, etc.). Be specific:

\_\_\_\_\_  
\_\_\_\_\_

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):

\_\_\_\_\_  
\_\_\_\_\_

Other Health/Medical/Dietary Concerns:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_