Christ the Teacher Catholic Schools

Curricular Trip: Parent Consent and Acknowledgement of Risk Form

AP 261-02

Level 1

(Parent/Guardian trip consent is required when students are transported by parents/volunteers, division vans or by bus.)

Dear Parent(s)/Guardian(s):

Please read the contents of this form.
Please clarify any questions or concerns with the Lead Teacher before signing the form.

This form must be returned by _____.

Destination/Activity:			**Grade:**
Departure Date & Time:		**Return Date & Time:**	
Lead Teacher:			
Other Supervisors (parents/volunteers):			
Transportation Plans:			

1. **Educational Goals**

2. **Itinerary (please include activities, times, places - this may be provided as an attachment to the form)**

3. **Projected Trip Funding and Costs**

   3.1. **Sources of Funding**

   3.2. **Cost per Student**

   3.3. **Provisions for Those Unable to Pay**

4. **Special Clothing or Equipment Required**

5. **Safety Plan (**Briefly describe the risk assessment and safety plans to address any key risks related to the site/area, weather, activity or group.)

CONSENT AND ACKNOWLEDGEMENT OF RISK

- I accept the mode of transportation for this activity.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the school may choose to cancel the trip if travel conditions are deemed unsafe (e.g. weather or health advisory).
- I acknowledge that that the teacher/supervisor may secure such medical advice and services as deemed necessary for the health of my child in the event of a medical emergency.
- I acknowledge that the trip supervisors may secure transportation to emergency medical services as they deem necessary for my child's immediate health and safety, and that I may be financially responsible for such services not covered by the division insurance plan.
- Based on my understanding, acknowledgement, and consents as described herein, I hereby give permission for my child _____ to participate in the field trip.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

.....

ACTIVITY REMINDER FOR PARENTS/GUARDIANS

Activity	Teacher

Date	Departure Time	Return Time

Lunch Required: Yes OR No

Travel Arrangements:_____

Additional Information: