

Christ the Teacher Catholic Schools

**Curricular Trip: Parent Consent and
Acknowledgement of Risk Form
Level 4 Risk
(Out of province travel in Canada)**

AP 262-02

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 is to be completed in full, signed, and dated before the student will be permitted to participate in the trip.

This form must be returned by _____.

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

1. **Relevance to Curriculum**
 - 1.1. **Pre-Trip Learning**
 - 1.2. **Trip Learning**
 - 1.3. **Post-trip Learning**
2. **Projected Trip Funding and Costs**
 - 2.1. **Sources of Funding**
 - 2.2. **Cost per Student**
 - 2.3. **Provisions for Those Unable to Pay**
3. **Safety Plan** [Briefly describe (or attach to the trip plan) the risk assessment and safety planning process to address any key risks related to the site/area, weather, activity or group].

4. **Itinerary (please include activities, times, places - this may be provided as an attachment to the form)**
5. **Special Needs Addressed**
6. **Accident and Travel Insurance Details**

SCHOOL DIVISION RESPONSIBILITIES

The school division will make every reasonable effort to ensure that:

- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activities and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with injury or illness to any of the students.

POTENTIAL KNOWN RISKS

Potential known risks include the following:

EMERGENCY MEDICAL INFORMATION

Please indicate any medical conditions that may affect participation in the programs or activities identified in this trip (e.g. recent illnesses or injuries, recent hospitalization, surgery, chronic conditions, phobias, etc.). As well, please specify any medications taken at this time (name, reason, dosage, storage, potential side effects/treatment of such) or any other health/medical/dietary conditions.

EMERGENCY CONTACTS

Contact	Home Phone	Work Phone	Cell Phone
Contact	Home Phone	Work Phone	Cell Phone

PHYSICIAN

Physician	Work Phone
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