



Annual Field Trip Authorization and Emergency Medical Information

(To be completed by Parent/Guardian and returned to the school)

I/We understand that the Board of Trustees of the Rocky View Schools allows for students in the Rocky View school system to participate in field trips, tours and off-campus activities which, in the opinion of the Board, have definite educational, athletic or cultural value and are an integral part of the Board's program.

I/We, being the Parent(s)/Guardian(s) of _____ (the "student") in Grade _____, consent to the student participating in any such field trips arranged by the Board and we authorize the participation by the student. It is understood that my/our authorization and consent are subject to the following conditions:

1. The Board will be responsible for any injuries and damages suffered by the student while participating in any such field trip that arises as a result of the negligence of the Board.
2. The Board (usually the school) will advise me/us in writing of the following particulars of any field trip at least three (3) school days prior to the intended date of the excursion:
 - 2.1 destination
 - 2.2 arranged supervision
 - 2.3 date(s) and time(s)
 - 2.4 transportation plans
 - 2.5 any extraordinary risks and dangers that may be associated with the field trip
 - 2.6 costs (if any)
 - 2.7 telephone number(s) through which additional information on the field trip may be obtained.

I/We have the right to advise the Board (usually the school) in writing, at least two (2) school days before the commencement of any particular field trip, that I/We do not consent to the student participating in the field trip, in which event my/our consent and authorization will be considered as withdrawn for that particular field trip and the student shall not be allowed to participate in such field trip.

This consent, authorization and waiver shall be in effect for the current school year only.

DATED at _____, Alberta this ____ day of _____, 20____.

Parent/Guardian Name: _____

Signature: _____

Parent/Guardian Name: _____

Signature: _____



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Emergency Medical Information

Student Name: _____ **Grade:** _____

Alberta Health No.: _____ **Birth Date:** _____

Allergies: _____

Medical Conditions: _____

Medications taken (name, reason, dosage): _____

Dietary Restrictions (if any): _____

Other Concerns: _____

Emergency Contact: _____

Phone: (H) _____ **(W)** _____ **(C)** _____

Emergency Contact: _____

Phone: (H) _____ **(W)** _____ **(C)** _____

The personal information contained on this form is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of participating in school field trips. If you have any questions about this consent form, please contact the School Principal or the Associate Superintendent of Schools.