**CONNECT CHARTER SCHOOL**

**INFORMED CONSENT AND ACKNOWLEDGEMENT OF RISK FORM**

**OUTDOOR ED** **FORKS AND POINT TRIP**

**BOARD RESPONSIBILITIES**

**The Board of the Connect Charter School will make every reasonable effort to ensure that:**

1. Staff, volunteers, and/or service providers are suitably trained and qualified to lead this activity/program.
2. Students will be adequately supervised during all aspects of the program / activity.
3. The location(s) used for this activity/program are appropriate for the planned itinerary and group.
4. Equipment used for this activity/program has/have been inspected and deemed safe.
5. A Safety Plan has been developed to identify and manage known potential risks.
6. An Emergency Plan is in place to deal with an injury or illness to any student.

THIS CONSENT AND ACKNOWLEDGEMENT OF RISK FORM MUST BE READ AND SIGNED BY A PARENT OR GUARDIAN OF ANY STUDENT PARTICIPATING IN THIS OFF SITE ACTIVITY.

**ACTIVITY DETAILS**

DESTINATION / ACTIVITY: Hike to Point and Forks Backcountry Campground – Peter Lougheed Provincial Park

DATE(S): June 9th, 10th and 11th (3 days, 2 nights).

CURRICULAR OUTCOMES: Outdoor Education

ITINERARY / ACTIVITIES : See Parent Letter

PER STUDENT COST (if applicable): **$0.00**

WHAT STUDENTS NEED TO BRING: See gear list in Parent letter or visit: connectenvoe.weebly.com

METHOD OF TRANSPORTATION: **Southland Charter Bus**

SCHOOL CONTACT: **Office 403-282-2890** SUPERVISION RATIO: **8:1**

NO. OF PARENT VOLUNTEERS REQUIRED: **0-2**

# **ACKNOWLEDGEMENT OF RISKS**:

I HAVE READ THE ABOVE AND THE ATTACHED INFORMATION SHEET, AND UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED HEREIN, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO ON BEHALF OF THE STUDENT NAMED ON THIS FORM. THE RISK OF SUSTAINING AN INJURY OR DEATH MAY OCCUR FROM THE NATURE OF THE ACTIVITY AND CAN OCCUR WITHOUT FAULT OF EITHER THE STUDENT, OR THE SCHOOL BOARD, ITS’ EMPLOYEES/AGENTS. BY CHOOSING TO TAKE PART IN THIS ACTIVITY, YOU ARE ACCEPTING THE RISK THAT YOUR CHILD MAY BE INJURED OR KILLED.

# **INFORMED CONSENT**:

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to participate in the **Upper Kananaskis Backpacking Trip** to be

(Name of student)

held on or about **June 9 – 11th, 2015.**

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POTENTIAL RISKS AND PERILS ASSOCIATED WITH PARTICIPATION IN THIS ACTIVITY INCLUDE BUT ARE NOT LIMITED TO:**

**Transportation**

☐ Traffic accidents, incidents, and mishaps while a passenger on a highway coach or leased school bus

☐ Being struck by a moving vehicle

**Environmental**

☐ Weather related causes, including but not limited to: hypothermia, lightning strike, heat

stroke, heat exhaustion, and dehydration.

☐ Interaction with wildlife, including but not limited to encounters with bears, cougars, elk,

wolves, coyotes, moose, porcupine, badgers, spiders, snakes, insects.

☐ Contact with, or ingestion of, plants, berries, roots, or bark.

**Food**

☐ Choking during planned or unplanned meal times.

☐ Allergic responses, including anaphylactic shock, as a result of direct or indirect contact

with food products, byproducts, or waste.

**Pre-existing medical conditions**

☐ As identified on the student health information form.

**Activity related perils** (**backpacking):**

☐ Head injuries or trauma resulting from falls while hiking over rocks or uneven terrain.

☐ Twisted ankles or knees as a result of travelling on uneven terrain with a heavy backpack.

☐ Burns or other injuries related to cooking with an MSR backcountry camp stove.

**STUDENT BACKCOUNTRY INFORMATION SHEET**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT(S) / GUARDIAN(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEST NUMBER TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child receive a scheduled medication on the trip? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

What type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a pre-existing illness, medical condition or allergy? Yes \_\_\_\_ No \_\_\_

Please describe:

Does your child require a rescue inhaler (blue)? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Does your child require an epi-pen? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

*(if yes, please be aware that students will need to provide two epi-pens for this trip)*

Does your child have any dietary constraints or food restrictions of which staff should be aware?

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

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Does your child have any other concerns or problems of which the staff should be aware?

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Will you permit teachers to administer light remedies such as Tylenol, Advil, Benadryl? Yes \_\_\_ No \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of parent or guardian) (Date)

# **CORE TEACHER CONSENT TO STUDENT ABSENCE**:

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to participate in the **Upper Kananaskis Lake Backpacking Trip** to take place on **June 9 – 11th, 2015.**

Signature of Math/Science Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Humanities Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_