

Off Site Activities Annual Consent Form

Yearly Walking/Low Risk Activities

I/We understand that Sturgeon Public Schools, (the “Division”), arranges for students/children in the Division to participate in walking, low risk off site activities which, in the opinion of the Division have definite educational, athletic or cultural value.

I/We understand that any medical information requested would be collected for the purpose of student safety during off site activities.

I/We, being the custodial parent(s) or guardian(s) of _____ (the “student”) consent to the student participating in any such off site activities arranged by the Division and authorize the participation by the student. It is understood that my/our consent and authorization are subject to the following conditions:

1. The Division will be responsible for any injuries and damages suffered by the student while participating in any such off-site activities that arises **as a result of the negligence of the Division.**
2. The Division, through the relevant school, will advise me/us in writing of the following particulars of any off site activities two weeks, if possible, and at least three school days, at minimum, prior to the intended date of the activity:
 - a. destination;
 - b. arranged supervision;
 - c. date(s) and time(s);
 - d. walking route
 - e. associated risks that should be highlighted regarding the field trip;
 - f. costs, if any; and
 - g. a telephone number through which additional information on the field trip may be obtained.
3. I/We have the right to advise the Division, through the relevant school, in writing, at least two school days before the commencement of any particular off site activity, that I/we do not consent to the student participating in the off-site activity, in which event my/our consent and authorization will be considered as withdrawn for the particular off site activity and the student shall not be allowed to participate in such off site activity.
4. This consent, authorization and waiver shall be in effect for the current school year only.

DATED at _____, Alberta this _____ day of _____, _____

Signature of Custodial Parent/Guardian

Print Name

Student Medical Information: _____

In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), The Sturgeon Public School Division is authorized and required under the provisions of the Education Act and its regulations to collect, use and disclose personal information that is necessary to provide educational programming and ensure a safe and secure school environment for students.