

**HORIZON SCHOOL DIVISION**  
**Policy HICA - Attachment F**  
***Parent/Guardian Consent/Risk Acknowledgement Form***

**SCHOOL NAME:** \_\_\_\_\_

To the Parent(s)/Guardian(s) of: \_\_\_\_\_

Please read the contents of this Consent and Acknowledgement of Risk form and clarify any questions or concerns with the Teacher/Coach/Leader BEFORE signing it.

If this form is not signed and returned to the school by \_\_\_\_\_, your child **WILL NOT BE ALLOWED TO ATTEND/PARTICIPATE**.

**PROGRAM/ACTIVITY INFORMATION**

FIELD TRIP/ACTIVITY or SERIES OF ACTIVITIES (*Describe Activity and Specify Program if applicable*):

DATE(S) \_\_\_\_\_  
☐ Schedule Attached

TEACHER/COACH/LEADER-IN-CHARGE: \_\_\_\_\_

PHONE (w): \_\_\_\_\_ EMAIL: \_\_\_\_\_

MODE OF TRANSPORTATION: \_\_\_\_\_ By: \_\_\_\_\_

**BOARD RESPONSIBILITIES**

The Board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised during all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(ies) and group.
- A Safety Plan is in place for moderate risk activities to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

The Horizon School Division provides Blanket Student Accident Insurance, along with a package which enhances coverage for ground ambulance service, special treatment travel and four paramedical services for Horizon's eligible permanent resident students to 19 years of age (foreign exchange and international students are not eligible)

**IT IS STRONGLY RECOMMENDED THAT PARENTS GO TO THE JURISDICTION WEBSITE TO REVIEW COVERAGE AND PURCHASE ADDITIONAL STUDENT ACCIDENT INSURANCE IF YOU DO NOT ALREADY HAVE YOUR OWN PRIVATE COVERAGE.**

Please be aware that Kids Plus accident insurance packages distributed through the schools and online is available for additional coverage.

**STUDENT RESPONSIBILITIES**

Off-campus activities are an extension of the school. As such student conduct will reflect school expectations and the expectations laid out in Policy IFC *Student Conduct* (describe or **attach specific student conduct expectations**):

\_\_\_\_\_  
*Parent/Guardian's Name (please print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian's Signature*

**EMERGENCY MEDICAL INFORMATION** (Write below or attach a separate page if more space is needed)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Alberta Health Care Number (9-Digits) \_\_\_\_\_

Student Accident Insurance (check one): ☐ Yes ☐ No Policy No. \_\_\_\_\_

Allergies (eg. Specific drugs, certain foods, insect stings, hay fever). Please Specify:

Reaction(s) to above? \_\_\_\_\_

Carries Epi Pen (check one)? ☐ Yes ☐ No Carries ANA Kit (check one)? ☐ Yes ☐ No

Medical/physical conditions that may affect participation in the stated program/activity (e.g. recent illness or injury, chronic conditions, phobias, etc.). Please be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Currently prescribed/taking medication(s) (check one): ☐ Yes ☐ No If yes, provide of medication:

If Yes, and there is a *Medical Management Plan* (Attachment A from Policy IHCD) in place within the school? (check one): ☐ Yes ☐ No

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian's Name (Please Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian's Signature*

**HORIZON SCHOOL DIVISION**  
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***Parent/Guardian Consent/Risk Acknowledgement Form***  
***(To be Completed for ALL Moderate Risk Activities)***

**ELEMENTS OF RISK AND CONSENT AND ACKNOWLEDGMENT OF RISK**

**(Please read this document and the attached Parent Information Letter carefully) – (Schools should use Policy Code: HICA Attachment J and K: as a SAMPLE Elements of Risk and Student Responsibilities that should accompany this document)**

**WARNING: BY SIGNING THIS DOCUMENT YOU WILL ARE ACKNOWLEDGING ELEMENTS OF RISK AND MAY WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.**

1. My child wishes to participate in the “Activity” (described herein). I have read and I understand the contents of the Parent Information letter, attached hereto, which sets out the details of the Activity, and I consent to and give permission for my child to participate in this Activity.
2. I hereby acknowledge and agree that educational Activities, such as the Activity, involve elements of risk and that death, injuries, loss or damage can occur to students while participating in these activities.
3. I acknowledge my right to obtain as much information as I require about this Activity and associated risks and hazards, including information beyond that provided to me by the School or Board.
4. I further acknowledge and agree that death, injury, loss or damage can occur without any fault of either the student, the school board, its employees, trustees, volunteers or agents. I hereby freely and voluntarily accept and assume all risks/hazards inherent in and associated with the participation of my child in the Activity and understand and acknowledge that my child may suffer personal injury and potentially serious injury due to an unforeseeable event related to his/her participation.
5. In consideration for my child's voluntary participation in the Activity, I further agree to indemnify (which means to secure or protect against hurt, loss or damage and to reimburse for any loss sustained) and hold harmless (which means to assume the liability inherent in a situation, thereby relieving the other party of responsibility) the Horizon School Division, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against the Horizon School Division or its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any act, neglect or default of myself or my child. I understand that the Horizon School Division will be responsible for injury, loss or damage suffered by my child while participating in the Activity if such injury, loss or damage arises as a direct result of the negligence of the Horizon School Division.
6. I acknowledge and understand that Horizon School Division is unable to provide insurance coverage for death, injury, damage or medical expenses arising directly or indirectly, in whole or in part, out of terrorism or out of any activity or decision of a government agency or other entity to prevent, respond to or terminate terrorism. In consideration for my child's voluntary participation in the Activity, I hereby waive any and all claims of every kind that I have or may have in the future and hereby release and hold harmless the Horizon School Division and its employees, volunteers, trustees and agents from any liability for any death, bodily injury, property damage or personal injury to my child or myself that may arise, directly or indirectly, in whole or in part, on account of terrorism or decisions of a government agency or other entity to prevent, respond to or terminate terrorism, regardless of any other contributing or aggravating cause or event.
7. In consideration for my child's voluntary participation in the Activity, I further agree to hold harmless the Horizon School Division, and its trustees, employees, volunteers and agents from any and all expenses, costs (including legal costs) or financial obligations arising from any suits, demands, claims, actions of any kind which may be brought against its trustees, employees, volunteers or agents for which they may become liable by reason of any injury, loss, damage or death resulting from, or occasioned to or suffered by any person or any property as a result of any Act of God, strikes, or government restrictions, and for acts or omissions of any persons or agencies not directly controlled by the Division, including, without limitation, airlines, bus companies, railways, travel agencies, shipping companies, hotels or guides.
8. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the schools and/or service providers, administrators, instructors and supervisors over all phases of the Activity.
9. I accept and agree that it is my child's responsibility to abide by all laws and obey all rules set out for this trip.
10. In the event my child fails to abide by these rules and regulations, I agree that the supervisors of this trip may instill disciplinary action which may require his/her exclusion from further participation and that I may be contacted to have him/her picked up. Should my child be required to return home if a breach of those rules occurs, I agree to be responsible for and pay any and all costs that may arise.

11. I acknowledge that it is my responsibility to advise the Horizon School Division of any medical and/or health concerns which may affect my child's participation in the Activity.
12. I acknowledge and agree that a teacher chaperone may take any actions deemed necessary by the teacher chaperone for my child's health, safety and well-being, including the securing of medical advice, treatment or other services including transporting my child home and that I shall be financially responsible for all related costs. (at my expense).
13. I acknowledge that the superintendent may choose to cancel the trip if travel conditions are for whatever reason deemed unsafe (e.g., weather, travel advisory, health advisory). I accept that the School or Board will not be liable for any costs associated with such a cancellation. **It is strongly recommended that parents purchase Trip Cancellation Insurance where flights are involved.**
14. (*Applicable only when travel outside Alberta is involved*) I acknowledge that it is my responsibility to obtain any additional insurance (including but not limited to health care, trip cancellation, property or personal effects insurance, accidental death, disability or dismemberment or medical expense insurance) on behalf of my child.

As a parent/guardian I hereby acknowledge that I have read foregoing and that any questions I may have had have been explained to me by the school. I further acknowledge that I understand the foregoing and do hereby acknowledge, approve, and consent as described herein.

I hereby acknowledge that I have received and fully understand the information relative to the proposed trip. As part of this information package I fully understand the itinerary, the destination points, the accommodation arrangements and the travel structures. I have also been informed as to any trip advisories by the Canadian government and how that may impact the trip.

I fully understand and have considered all security concerns around this proposed trip.

I have also received and fully understand the information and financial impact around cancellation procedures relative to this trip. I also accept that I will face some financial costs in the event of a cancellation or my decision to cancel my participation in the event.

In accord with all of the information provided to me I wish to continue my participation in the trip and will affix my signature to this document to confirm that position.

**I hereby agree that \_\_\_\_\_ (student name)  
has my/our permission to participate in the Activity.**

\_\_\_\_\_  
*Parent/Guardian's Name (Please Print)*

\_\_\_\_\_  
*Witness Name (Please Print)*

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Witness Signature*

**I have read the above and it has been explained to me by my parent or guardian,**

\_\_\_\_\_  
*Student's Name & Signature*

\_\_\_\_\_  
*Witness Signature*

SIGNED at \_\_\_\_\_, Alberta this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Notes:**

1. The personal information contained on this form is collected under the authority of the Public Schools Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.
2. **Regarding witnesses to the signatures of the students and parents:**
  - The spouse of a parent should not witness the parent's signature.
  - A parent should not witness a student's signature.
  - Employees of the School Division should not witness either the parent or student signatures.
  - Witnesses should be of sound mind (i.e. not under the influence of any intoxicating substances, etc.) and should be over the age of 18.