

## **APPENDIX G – INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS**

### **Category 4 or 5 – Students Under 18 Years**

The \_\_\_\_\_ is arranging \_\_\_\_\_  
(name of school) (description of activity and dates)

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE  
AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.**

#### **ELEMENTS OF RISK:**

Educational activity programs, such as \_\_\_\_\_ involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in \_\_\_\_\_ (describe activity) :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in \_\_\_\_\_ on \_\_\_\_\_, you must understand that you bear the responsibility for any injury that might occur. In case of serious student misconduct during this trip, the staff in charge will have the authority to dismiss the student and contact you to pick them up at the location of the activity. Parents will be responsible for any applicable costs.

The Catholic District School Board of Eastern Ontario does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

#### **ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### **PERMISSION**

I give \_\_\_\_\_ permission to participate in the \_\_\_\_\_ to be held on or about  
(name of student) (description of activity)

\_\_\_\_\_  
(date)

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