

Informed Consent Form for Category I Field Trips

This form is applicable to field trips within RDSB boundaries.

The following field trip has been planned for your child. Please read carefully before signing. Students are encouraged to obtain Student Accident Insurance prior to departure. For further information, please contact Reliable Life Insurance Company at 1-800-463-5437.

NAME OF SCHOOL: _____

TEACHER RESPONSIBLE: _____

NAME OF ACTIVITY: _____

DESTINATION: _____

DEPARTURE: _____
DATE TIME

RETURN: _____
DATE TIME

DEPARTURE: _____
DATE TIME

RETURN: _____
DATE TIME

OF STUDENTS: _____

COST OF PARTICIPATION: \$ _____

PLANNED ACTIVITIES: _____

NAMES OF SUPERVISING STAFF: _____

NAMES OF SUPERVISING VOLUNTEERS: _____

Informed Consent Form for Category I Field Trips

TYPE OF TRANSPORTATION Students are required to arrange their own transportation**OR** School will arrange transportation

NAME OF CARRIER: _____

ORNAME(S) OF VOLUNTEER DRIVER(S). If volunteer drivers are used, refer to Rainbow District School Board's Volunteer Program Guidelines, including FT-13. Student drivers are **NOT** allowed._____

_____**This portion is to be completed by parent/guardian:**

MEDICAL CONCERNS: (Please provide detailed information regarding your child's needs)

HEALTH CARD #: _____

EMERGENCY CONTACT

In the event that your child requires immediate medical attention, an ambulance may be called at the parent's expense.

NAME: _____ TELEPHONE #: _____

I understand the elements of risk involved in this field trip and give my child, _____
permission to participate in the field trip as previously described._____
PARENT/GUARDIAN SIGNATURE_____
DATE_____
TEACHER SIGNATURE_____
DATE_____
PRINCIPAL/VICE-PRINCIPAL SIGNATURE_____
DATE