



WEST VANCOUVER SCHOOLS

IMPORTANT INFORMATION
PLEASE HAVE THIS TRANSLATED

RENSSEIGNEMENTS IMPORTANTS
Prière de les faire traduire.

重要資料
請找人協助翻譯

これほたいせつなお知らせです。
ご自分のご事情を説明していただくようお願いいたします。

중요한 정보
학생을 위하여 주십시오

CHỈ DẪN QUAN TRỌNG
Xin nhó người dịch hộ

बहुती महत्वाची
हसे वसे विषय को विषय को ध्यान से देखें

INFORMACIÓN IMPORTANTE
Busque alguien que le traduzca.

اطلاعات مهم و سودمند
لطفاً از یک نفر بخواهید که برای شما ترجمه کند

ITO AY MAHALAGANG IMPORMASYON
Ibalita sa wikang tagalog kang hindi mainitidhan

برجی ترجمه هاما
معلومات هامة

ВАЖНАЯ ИНФОРМАЦИЯ
Переведите это, пожалуйста.

Parent Informed Consent Form (High Risk Activity)

This form must be read, each paragraph initialed where appropriate and signed at the bottom by a parent or legal guardian.

School to fill out

_____ (Name of School) is arranging a _____ (name of field trip activity) field trip activity for students at _____ (location) on _____ (date). Students will be traveling by _____ (mode of transportation). Students will be supervised by _____ (state supervisory arrangements)

Accidents may occur while participating in these activities and these accidents may cause personal injury, illness, death or property damage or loss. The dangers and risks may include, but are not limited to:

Risk	Injury

Parent/Guardian to fill out

In consideration of the West Vancouver School District offering my child, _____, an opportunity to participate in a _____ (name of high risk activity) field trip to _____ (location) on _____ (date), I waive any and all claims I may have against, and release from all liability and agree not to sue the Board of Education of School District 45 (West Vancouver) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the _____ (Name of activity), arising out of any cause whatsoever.

My child may not necessarily be supervised by an adult at all times: _____ Initial

My child has no illnesses, allergies or disabilities that may require special attention, except as described as follows: _____ Initial

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required

for this activity or possible weather conditions. I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

_____ Initial

I understand that the school's Code of Conduct applies during this field trip. Specifically no drinking of alcoholic beverages, use of tobacco products at any time or consumption of drugs for any reason other than approved medical purposes with prior consent given on your medical form. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home. Students are subject to the Student Code of Conduct (AP350) and their School's Code of Conduct during this field trip.

_____ Initial

By choosing to allow my child to participate in this activity, I will assume the risk of an accident occurring and agree that this activity as described is suitable for my child.

_____ Initial

The Board of Education of School District 45 (West Vancouver) does not provide any accidental disability, dismemberment, medical expense or death insurance on behalf of participating students. The School District recommends that you check your family medical coverage or purchase the Student Accident Insurance which was made available at the beginning of the school year.

_____ Initial

In signing this Consent and Waiver, I am not relying on any oral / written representation or statement by The Board of Education of School District 45 (West Vancouver) and its officers, agents, employees, or authorized volunteers, or the Ministry of Education, to prompt me to permit my child to take the trip, other than those set out in this Consent and Waiver.

_____ Initial

Parent / Guardian Permission

I give _____ (Name of Student) permission to participate in the _____ (description of activity) at _____ (Location) on _____ (dates)

Parent/Guardian printed name:

Parent/Guardian signature:

DATE
