

KAWARTHA PINE RIDGE DISTRICT SCHOOL BOARD

Purpose

Appendix D1 is used to gain **parent/guardian** informed consent for a student to participate in an out-of-school program. A signed permission form is required for all excursions that go beyond the immediate school community.

Note that there are several other overriding forms to be used in specialized situations:

- [Appendix D2 – Parent Permission for Alpine Skiing, Snowboarding and Snowblading](#)
- [Appendix D5 – Parent Permission for Out-of-Country Programs](#)
- [Appendix D6 – Parent Permission for Interschool Athletics](#)

Elements of Risk

Fundamental to this form is “informed consent”. Therefore, it is critical to describe the activities in which students will participate, in particular those activities that are considered higher risk. There are various sections of the form to provide details of the activities, such as: Purpose of the Excursion, Itinerary, Additional Requirements, and Higher Risk Activity. Most common activities have been designated as “prohibited”, “higher risk” or “permitted”. Classifications and corresponding guidelines can be found in the Program Safety Guidelines for Out-of-Classroom Programs and the Physical Education Safety Guidelines. All excursions must be approved by the Principal. All excursion involving higher risk activities must be approved by a Superintendent.

Additional Requirements

A parent information meeting is required for all excursions involving considerable expense, out-of-province/country travel, or overnight travel. Instructions for this meeting and other additional requirements may be included in Additional Requirements section of the form.

Financial Arrangements

In certain situations, it may be prudent for supervisors to indicate that “Deposits are non-refundable”, particularly if payments must be made in advance to a facility.

Student Information

Although the Ontario Health Card number is requested, it is within the rights of the parent/guardian to withhold that information, therefore, the student cannot be denied the right to participate.

Permission Form Storage

The permission forms (in particular the emergency contact and health information) must accompany the supervisor in charge on the excursion and be kept on file at the school for one year.

Related documents

- [Program Safety Guidelines for Out-of-Classroom Programs](#)
- [Physical Education Safety Guidelines](#)

Revisions

January 2013 – The revised Appendix D1 replaces the previous versions of Appendix D1, D3, D4 and E

- Travel to Meet Program Needs: Describe the rationale for travelling in the Purpose of Excursion and any repeating schedules in the Itinerary (e.g. “Travel repeats every Tuesday during the month of November”).
- Transportation for Students in LLS: Identify in the Purpose of the Excursion, that the travel is related specifically to a Learning Life Skills Program and involves community work education.

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To Parents and Guardians:

The purpose of this form is to inform you about the excursion and to seek your permission for your child/ward to participate. Keep the first page for your information. Please return following pages to the supervisor/school prior to the excursion by: _____.

School:				Phone:	
Supervisor in Charge:	<input type="checkbox"/> KPR Staff <input type="checkbox"/> Volunteer		Grade:		
Destination:				School Group:	
Purpose of excursion:					
Departure Date:		Departure Time:		Departure Location:	
Return Date:		Return Time:		Return Location:	
Itinerary:					
A separate itinerary: <input type="checkbox"/> is attached <input type="checkbox"/> will follow					
Travel arrangements:	<input type="checkbox"/> KPR Bus <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Private vehicle <input type="checkbox"/> Public transit <input type="checkbox"/> By foot <input type="checkbox"/> Plane <input type="checkbox"/> Train	<input type="checkbox"/> Boat <input type="checkbox"/> Participants must arrange own transportation <input type="checkbox"/> Other: _____	Additional Instructions:		
<i>All drivers of private vehicles (volunteers) must be approved by the Principal. A "Departure from Itinerary" form must be completed in advance if a student intends to depart from the specified itinerary or uses alternative modes of transportation to and from destinations. This form is available on request.</i>					
Additional requirements: (e.g. clothing, food, money, notebook, etc.)					
Accommodation arrangements: (if required)				Phone #:	
Financial Arrangements (cost per student, deposit, payable to, etc.)					
Supervision arrangements: (names of supervisor in-charge, staff supervisors and volunteers)				Contact during excursion:	

Signature or Supervisor in Charge: _____ Date: _____

Principal signature: _____ Date: _____



Complete on behalf of a student who wishes to participate in the excursion to _____.
Please return to the supervisor in charge/school prior to the excursion by: _____

Student and Parent/Guardian Information:

Student Name: _____ Health Card #: _____ (optional)
School: _____ Date of Birth: _____
Parent/Guardian Name: _____ Home Phone: _____
Home Address: _____ Work Phone: _____

Emergency Contacts:

Name 1: _____ Home: _____ Work: _____
Name 2: _____ Home: _____ Work: _____

Health and Medical:

Information regarding any special conditions or potentially life-threatening circumstances such as seizures, diabetic, asthmatic and anaphylactic reactions should already have been communicated to the school principal and an Individualized Emergency Response Plan developed.

1. Describe any special conditions your child has in writing and/or telephone the supervisor in charge to discuss them:

2. Has he/she any drug allergy or sensitivity? If so, give details:

3. Has he/she any serum sensitivity? If so, give details:

4. Give date of last tetanus shot and reason for it:

5. If there is any further information which you feel staff should know in order to help them assist your son/daughter in maintaining his/her health and well-being while on this trip, please list below or attach an additional page::

Self-Administered Medication:

For requests to administer prescription medication, parent/guardian **must provide original pharmacy labeled container**. The supervisor will collect all medications to store them in an appropriate and safe place, and will make them available to your son/daughter at the appropriate times. The student will still be responsible for administering his/her own medication. If you have any questions or concerns, please contact the supervisor in charge.

Medication #1: _____ Dates to administer: _____ Directions and comments (e.g. dosage, times): _____ _____	Medication #2: _____ Dates to administer: _____ Directions and comments (e.g. dosage, times): _____ _____
I understand that my son/daughter will be responsible for self-administering this medication as indicated above.	
Signature: _____	Date: _____



Elements of Risk:

Although all safety precautions will be taken by the Kawartha Pine Ridge District School Board and its staff to ensure the safety of all participants, it is important for everyone involved to understand that out-of-classroom programs do present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the supervisor, the school board or the facility at which the activity or event is being held.

Higher Risk Activity:

This is is not considered a higher risk activity. Examples of risks associated with this higher risk activity are:

1. _____ 2. _____ 3. _____

These risks result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or facility where the activity is taking place. By choosing to participate in the activity, you, the student, are assuming the risk of an accident occurring. The Kawartha Pine Ridge District School Board attempts to manage, as effectively as possible, the risk involved for students while participating in this activity. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity.

Accident Insurance Notice:

The Kawartha Pine Ridge District School Board does not provide any accidental death, disability, dismemberment, medical or dental expense insurance on behalf of students participating in this activity. For coverage of injuries, you are encouraged to consider the Student Accident Insurance Plan made available by the school to parents at the beginning of, and throughout, the school year. .

Medical Services Authorization:

Should medical care be required, I hereby give the supervisor in charge permission to use his/her best judgment in obtaining the best of such service. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, the parent/guardian will be notified as soon as possible.

Additional Information:

- As this activity is part of or an extension of the school program, students must adhere to the school Code of Conduct.
- The "Departure from Itinerary Form" must be completed in advance if a student intends to depart from the specified itinerary (including alternative modes of transportation to and from destinations). This form is available on request.
- Please discuss with a school representative, any personal, family, financial, or cultural factors which may prevent your child/ward from participating in this activity.

Acknowledgement of Risks, Permission to Participate and Travel, Informed Consent Agreement:

I have read and understand all the information outlined above. I hereby grant permission to _____ to
Name of student
 take part in the trip to _____ as outlined above, to be held on or about
Destination
 _____.
Date

- I/We have read and understand the notice of Elements of Risk. _____ (initials of Parent/Guardian)
- I/We acknowledge and accept the risk inherent in the activity and assume responsibility for my/our son/daughter/ward for personal health, medical, dental and accident-insurance coverage. _____ (initials of Parent/Guardian)
- I/We have read and understand the notices of Accident Insurance. _____ (initials of Parent/Guardian)
- I/We give permission to the supervising adults(s) to obtain professional assistance in the event that my son/daughter requires medical attention. _____ (initials of Parent/Guardian)

Parent/Guardian Signature: _____ Date _____

