



APPENDIX C - PARENT CONSENT FORM FOR EDUCATIONAL FIELD TRIPS / EXCURSIONS (Students ALL Ages)

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

ELEMENTS OF RISK

Educational activity programs involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in this activity you must understand that you will bear responsibility for any accident that might occur.

The Brant Haldimand Norfolk Catholic District School Board does not provide any accidental death, disability, dismemberment, dental or medical expenses insurance on behalf of the students participating in this activity.

The Brant Haldimand Norfolk Catholic District School Board strongly advises that all students participate in the STUDENT ACCIDENT INSURANCE PLAN offered by the Reliable Life Insurance Company which covers participants for all accidents, 24 hours per day, every day during the full policy term.

ACKNOWLEDGEMENT

We have read the above. We understand that in participating in this activity, we are assuming the risks associated with doing so.

Signature of Student (ACKNOWLEDGEMENT)

Signature of Parent/Guardian (ACKNOWLEDGEMENT)

Date

PERMISSION

I give permission for my child to participate in this activity.

Signature of Parent/Guardian

Date

NOTE TO PARENT(S): PLEASE RETURN THIS FORM IN ITS ENTIRETY