



# GENERAL CONSENT FORM

Sacred Heart Catholic School

## FOR CLASS TRIPS TO SACRED HEART CHURCH, ANNUAL TERRY FOX RUN, AND FOR DAILY PHYSICAL ACTIVITIES (DPA)

Ongoing consent throughout the time that the student is registered at Sacred Heart Catholic School

To the Parent(s)/Guardian(s) of: \_\_\_\_\_ Grade: \_\_\_\_\_

Please read the contents of this Consent and Acknowledgement of Risk form. Please return this signed consent form to the school.

### PROGRAM/ACTIVITY INFORMATION

#### OFF SITE ACTIVITIES:

**Religion Program** – Going to Mass, Mass practices & other events at the church

**Terry Fox** – Annual school Terry Fox Run where Gr 4-7 students will walk/run outside the school property around the block (Pigeon Ave, Comer St., 2<sup>nd</sup> Ave, Gibbon St.) Kindergarten – Grade 3 will walk/run on school property.

**Daily Physical Activities (DPA)** – This is part of our Physical Education program. Occasionally classes may go on walks or runs in the neighbourhood as part of DPA

**Other subject areas:** Science & Social Studies; models and inspirations for art classes, community designs, habitats & nature

**PURPOSE OR EDUCATIONAL GOAL(S):** To enrich the Religion program; to enrich the DPA program; enrich Art, Science and Social Studies programs.

**METHOD OF TRANSPORTATION:** Walking & running

**LEAD TEACHER:** Mrs. Shirley Giroux & classroom teachers **TOTAL NO. OF SUPERVISORS PLANNED:** minimum 2 per class

**SUPERVISORY ARRANGEMENTS:** All off-site activities are supervised by classroom teachers.

**COST TO THE STUDENT:** No Cost

### BOARD RESPONSIBILITIES

The board will make every reasonable effort to ensure or ascertain that:

- The staff, volunteers and/or service providers involved are suitably trained and qualified.
- The students are adequately supervised over all aspects of the program/activity.
- The location(s) used are appropriate and safe for the activity(is) and group.
- Equipment used has been inspected and deemed appropriate and safe.
- A Safety Plan is in place to identify and manage known potential risks.
- An Emergency Plan is in place to deal with an injury or illness to any of the students.

### POTENTIAL KNOWN RISKS

Potential known risks include the following: **Injuries related to slips, trips, and falls; becoming separated/lost; foot, knee or other leg injuries (eg: blisters, sprains); allergic reactions to natural toxins in the environment;**

Additional Comments/Requirements:

### CONSENT AND ACKNOWLEDGEMENT OF RISK

**Destination/Activity/Program:** Sacred Heart Catholic Church for Mass and other visits as determined by the classroom teacher; Daily Physical Activities that take the class off site; Annual Terry Fox Run; enrichment of Science, Socials & Art classes.

**Dates:** Ongoing throughout the time that the student is registered at Sacred Heart Catholic School

- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
- I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ has my permission to participate

Today's Date: \_\_\_\_\_ Name (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_