

PARENT/GUARDIAN/ADULT STUDENT CONSENT FOR FIELD TRIP/EXCURSION

To be completed by the parent/guardian/adult student for all field trips/excursions and returned to the school.

School: Bridgport P.S.

Field Trip Destination: Jinglesport - school gym

Field Trip Date(s): Nov 19/18 - Nov 23/18

Element of Risk: The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activities.

Medication: If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form *Administration of Medication* (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.)

I have read and understood the information on the *Field Trip/Excursion Information for Parent Form* (IS-04-F-1).

_____ has my permission to participate in this field trip/excursion.
(Student's Name)

NOTE: If volunteers are required, please check if you are able to assist.

_____ I can supervise on the excursion.

_____ I can drive _____ students.
number

If volunteer drivers are used, I give permission for my son/daughter to travel with a responsible volunteer driver. _____ (please check)

_____ Date

_____ Signature of Parent/Guardian/Adult Student



INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS (Students Under 18 Years)

BRIDGEPORT P.S. is arranging for
'Junglesport climbing & ropes course program' to be at our school

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

ELEMENTS OF RISK:

Educational activity programs, such as "Junglesport" involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in 'Junglesport climbing & ropes course activities':

1. Bumps and bruises
2. Sprains, strains, fractures
3. Blisters

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

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

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ACKNOWLEDGING THE RISKS ASSOCIATED AND PROVIDING CONSENT FOR PARTICIPATION.

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give _____ permission to participate in the Junglesport program

to be held on or about Nov 19 - Nov 23 /18
(name of student) (date)

Signature of Parent/ Guardian: _____ Date: _____

FIELD TRIP/EXCURSION INFORMATION FOR PARENT/GUARDIAN/ADULT STUDENT

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School: BRIDGEPORT PS

Principal: M. CREWSON School Phone: 517-743-4318

Grade/Class/Course: K-6 Teacher(s): C. THOMSON

Destination: LANDS' END (CLIMBING, ROPES, IN SCHOOL GYM)

Learning Expectations for the Trip: STUDENTS WILL ENJOY IN PHYSICAL AND TEAM BUILDING ACTIVITIES AND LEARN PROBLEM SOLVING

Departure Date: NOV 19/18 Time: DURING TIME

Return Date: NOV 23/18 Time: SCHOOL DAY

Type of Transportation: NONE Cost of Excursion: \$10

Name, Address, and Telephone Number of Travel Agency or other Outside Organization: (if applicable)

Specific Activities of the Excursion: STUDENTS WILL PARTICIPATE IN AN INDOOR, AGE APPROPRIATE ROPES, ROCK CLIMBING, CONTACT ADVENTURE.

This is Identified as a Higher Risk Activity: Yes No

- High Risk Activities are:
- Canoeing
 - Camping
 - Sailing
 - Cycling
 - Swimming
 - Rock Climbing
 - Nordic Skiing
 - Alpine Skiing
 - Snowboarding
 - Other ROPE COURSE

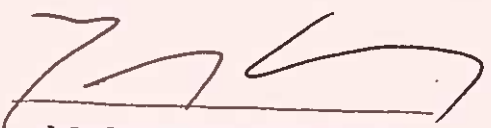
Special Information (e.g., clothing, materials, lunch): STUDENTS MUST HAVE PROPER RUNNING SHOES, HELMET WILL BE PROVIDED

Teacher in Charge: C. THOMSON

Volunteers Needed Yes No

If Yes For Supervision on the Excursion.

For Driving.


M. Crewson, Principal