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# Kaackamin Daycare/Agnes George Nursery School

## Field Trip Consent And Waiver Form

Dear Parent/Legal Guardian:

Please read the information below about an upcoming field trip with the Kaackamin Daycare/Agnes George Nursery School. If you would like your child to participate in this field trip, please complete and sign the consent and waiver below. Please return this form to the school by ...../...../20.....

1. Field Trip Date:

2. Departure Time:  Return Time:

3. Location:

4. Purpose of Trip:

5. Activities: On this trip, students will participate in the following activities:

6. Risks: Potential risks include, but are not limited to:

7. Cost per student (If applicable):

8. What to Bring:

9. Transportation: Students will be traveling to and from the Kaackamin Daycare/Agnes George Nursery School by:

*(school bus/public transport/private vehicle)*

i. Teachers:

ii. Staff:

iii. Volunteers:

Supervision Details:

## STUDENT INFORMATION

\*\*\* Parent/Guardian: Please Complete \*\*\*

Dear Parent/Legal Guardian:

If applicable, please describe any medical condition your child has that may require special attention, accommodation, or treatment during the field trip:

.....  
.....  
.....  
.....

Does your child have any allergies (food, medication, etc.)? Yes  No

If yes, please describe: .....

.....

Is your child on any type of medication? Yes  No

If yes, please indicate the name of the medication and any relevant details: .....

.....

## Parent /Guardian Consent And Acknowledgement Of Risk

1. I am aware of the risks and dangers inherent in all of the activities associated with the Field Trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities. \_\_\_\_\_Initial\*
2. I understand that it is my responsibility to ensure my child has all necessary equipment and clothing for the field trip. I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. \_\_\_\_\_Initial\*
3. I understand that my child must follow the rules of the planned activities, including all directions and instructions from the school, activity facilitators, instructors, and supervisors over all phases of the field trip. If my child does not follow the activity rules or supervisor instructions, my child may not be allowed to participate in the field trip. \_\_\_\_\_Initial\*
4. I acknowledge that accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school, or its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child. \_\_\_\_\_Initial\*
5. In signing this consent and waiver, I am not relying on any oral or written representation or statements made by the school or its officers, agents, employees, or authorized volunteers to induce me to permit my child to take the trip, other than those set out in this consent and waiver. \_\_\_\_\_ Initial\*
6. I am 19 years of age or older and have read and understand the terms of this consent and waiver, and understand that it is binding upon me, my heirs, executors and administrators. \_\_\_\_\_Initial\*

I have read the enclosed information and I am informed about the proposed field trip to \_\_\_\_\_  
(location) on \_\_\_\_\_(dates) (the "Field Trip"). I hereby give my consent to  
\_\_\_\_\_(Child Name) participating in the Field Trip.

In consideration of the Kaackamin Daycare/Agnes George Nursery School offering my child an opportunity to participate in the Field Trip, I hereby waive any and all claims I may have against, and release from all liability and agree not to sue Mowachaht Muchalaht First Nation and its officers, employees, agents, volunteers and representatives for any personal injury, death, property damage or loss sustained as a result of my child's participation in the Field Trip, arising out of any cause whatsoever.

Name of Parent/Guardian (please print)	Signature of Parent/ Guardian	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

### EMERGENCY MEDICAL AUTHORIZATION

If a medical emergency occurs, Kaackamin Daycare/Agnes George Nursery School will attempt to notify me immediately. If I cannot be contacted, school staff will attempt to contact my emergency contacts in the order I have provided them. If I or my emergency contacts cannot be contacted or are unable to collect my child for necessary medical attention, I authorize the staff at Kaackamin Daycare/Agnes George Nursery School to take my child to the nearest emergency centre or summon an ambulance for emergency medical treatment or transport, and I give permission for immediate medical treatment of my child as required in the judgment of the attending health care professionals.

Name of Parent/Guardian (please print):	<input type="text"/>
Signature of Parent/Guardian:	<input type="text"/>
Date:	<input type="text"/>