



**OFF-SITE ACTIVITY(IES) CONSENT OF PARENT/GUARDIAN
AND ACKNOWLEDGEMENT OF RISK FORM A (Local, Low-Risk Day Trip)
Gemstone Care Centre – Mini Mary**

ST. ANN'S ACADEMY
ESTABLISHED 1880

To the Parent(s)/Guardian(s) of: _____	Homeroom: Grade 5
Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it. If this form is not signed and returned to the school by October 17th, 2017, your child WILL NOT BE ALLOWED TO ATTEND.	
PROGRAM/ACTIVITY INFORMATION	
DESTINATION/ACTIVITY: Gemstone Care Centre DATE(S): October 24th, November 21st, December 5th, January 16th, February 20th, March 13th, April 17th, & May 8 th , June 5th - 2:15 pm to 4:00 pm SERIES OF OFF-SITE ACTIVITIES (Specify program): Religion. PURPOSE OR EDUCATIONAL GOAL(S): Religion: Engage in service to the community in response to the Gospel call. ITINERARY/ACTIVITIES: Various activities with seniors. METHOD OF TRANSPORTATION: St. Ann's Academy School Bus to Gemstones, Parents are responsible for picking up their child at Gemstones at 4:00 pm Driver: Certified Bus Driver LEAD TEACHER: Helen Ferguson TOTAL NO. OF SUPERVISORS PLANNED: 5 SUPERVISORY ARRANGEMENTS: Mrs. Ferguson, Sister Analisa, Sister Luisa, Sister Ernilyn , COST TO THE STUDENT \$20 WHAT TO BRING: Snack OTHER CONSIDERATIONS:	
BOARD RESPONSIBILITIES	
The board will make every reasonable effort to ensure or ascertain that: a. The staff, volunteers and/or service providers involved are suitably trained and qualified. b. The students are adequately supervised over all aspects of the program/activity. c. The location(s) used are appropriate and safe for the activity(ies) and group. d. Equipment used has been inspected and deemed appropriate and safe. e. A Safety Plan is in place to identify and manage known potential risks. f. 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: Accidents or injuries related to bus travel from St. Ann's Academy to Gemstones Care Centre.	
Additional Comments/Requirements: Injuries could occur due to carelessness or not following rules.	



CONSENT AND ACKNOWLEDGEMENT OF RISK	
Destination/Activity/Program: Gemstone Care October 24th, November 21st, December 5th, January 16th, February 20th, March 13th, April 17th, & May 8 th , June 5th - 2:15 pm to 4:00 pm	
<ol style="list-style-type: none"> 1. 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. 2. 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. 3. 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. 4. 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. 5. 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. 6. 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. 7. Based on my understanding, acknowledgement, and consents as described herein, 	
(Name of Student) _____ (Date of Birth) _____ has my permission to participate	
Date: _____ Name (Please print): _____ Signature: _____	
Parent/Guardian Contact Numbers: Day _____ Evening _____	

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school principal.