ST. ANN'S ACADEMY
ESTABLISHED 1880

VOLUNTEER CONSENT FORM
SAA Walkathon 2018

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PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to reading and completing this form)

Volunteer Name: _____ Phone Number: _____ E-mail: _____
Program/Activity: **SAA WALKATHON 2018** Date: **Friday, October 5, 2018**
Series Of Off-Site Activities: **Physical & Health Education, Social Studies, and Career Education**
Lead Teacher/Classroom Teacher: _____ Phone: 250-372-5452 E-mail: _____

BOARD EXPECTATIONS FOR VOLUNTEERS

Volunteers are an important part of the leadership team for an off-site activity and are expected to:

a) Review and comply with relevant board policy.
b) Have qualifications appropriate for the off-site activity.
c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure.
d) Exhibit positive behaviour and be an acceptable role model
e) Support and follow the school code of conduct.
f) Report any inappropriate conduct to the lead teacher.
g) Adhere to the schedule or itinerary.
h) Dress appropriately for the off-site activity.

POTENTIAL KNOWN RISKS

Potential known risks include the following: **walking predetermined route along sidewalk; crossing streets**

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: **SAA WALKATHON 2018** Date: **Friday, October 5, 2018**

1. I accept the mode of transportation for this activity.
2. 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.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
4. I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.
5. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6. I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
7. I understand that I am obliged to keep confidential any student personal information (in particular health information) that is disclosed to me by the school, except as required for the purposes of discharging my obligations on the off-site activity.
8. I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
9. I acknowledge that the trip supervisors may secure such emergency medical services (e.g., ambulance) as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services.
10. I understand, acknowledge and consent to the above as described herein.

Today's Date: _____ Volunteer Name (*Please print*): _____

Volunteer Signature: _____

Parent/Guardian consent (if under 18 years of age): _____

OFF-SITE EXPERIENCE/ACTIVITY EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)

Volunteer Name: _____ Birth Date (optional): _____
BC Medical Services Plan Personal Health No.: _____
Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) (specify): _____
Reaction to above_____ Carries Epi pen? ☐ Yes ☐ No Carries Ana Kit? ☐ Yes ☐ No
Medical/Physical conditions that may affect participation in the program/activity (e.g., recent illness/injury, chronic conditions, phobias)
_____
Specify the condition(s) and requirements for program modification or specific activities you should not do:
_____M
Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):
_____
Other Health/Medical/Dietary Concerns:
_____E
Emergency Contacts:
1) _____ Phone: (H) _____ (W) _____ (C) _____
2) _____ Phone: (H) _____ (W) _____ (C) _____