

# PARENTAL INFORMED CONSENT— OUT-OF-SCHOOL ACTIVITIES—IJOA-E2



School: Harold Hatcher Elementary School

## ACTIVITY INFORMATION

Dear Parents and Guardians,

Description of activity: The grade 5's will be going to the Manitoba Museum on Friday, October 11th, 2019. We will be leaving by bus at 9:15 a.m. and will be returning at 2:30 p.m. We will be extending our learning of both social studies, science and art by participating in the Lapidary Workshop and Properties of Matter demonstration. We also have the opportunity to explore both the museum and science gallery to focus on specific areas of study.

Trip destination: Manitoba Museum

Date & time of activity: Oct 11<sup>th</sup>, 2019 (9:15 am-2:30 pm)

Supervision: Mr. Hogsden, Mr. Cowan, Mrs. Hrabj, Mrs. Burns

Mode of transportation: RETSD School Bus  
*[Note: when using private vehicles, information must be provided to parents as per IJOA-R(C)(4)(e)]*

Risk & risk management procedures:

Specific costs and due date: **\$12.00 Due by October 7th**

Cancellation information (if applicable):

## BOARD RESPONSIBILITIES

The board will make every reasonable effort , through the application of its policies and procedures, to provide for thorough preparation and planning and implementation of out-of-school activities undertaken by its employees, agents and officers.

## INFORMED CONSENT

Activity title: Manitoba Museum

Date of activity: October-11-19

Student name (please print): \_\_\_\_\_

I/We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation of sports, recreational activities and other off-school-site programs. These types of injuries may be minor or serious.

I/We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents and officers, to secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

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I/We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants.

I/We 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.

I/We acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

I/We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK, which is part of those activities.

I/We understand and agree that this is a part of the school program. I/We also understand that as a result of participating in this program that the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I/We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate being aware of all the foregoing.

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Parent/guardian signature

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Date

**In order for your child to participate in this event, this signed consent form must be received at the school before the event.**