



Robert Andrews Middle School

3230 Manlius St. | East St. Paul, MB R2E 0H7 | Tel: 204.661.5838 | Fax: 204.669.7002
Principal: Mr. T. Stoesz | Vice-principal: Ms. L. Stachniak Whalen
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Parental Informed Consent for Out-of-School Activities (Due Monday, Feb. 10/20)

Name of Program/Activity: Kildonan East Collegiate Tour
Description of Activities: Senior Years school informational presentation and tour
Destination: Kildonan East Collegiate
Students Participating: Specific Grade 8 students
Purpose of Program/Activity: To provide information about the upcoming school year
Date and Time of Departure: Tuesday February 11/20 at 12:45 pm
Date and Time of Return: Tuesday February 11/20 at 2:45 pm
Staff Members in Charge: Mr. Adam Martini
Mode of Transportation: Divisional school bus
Due Date: Monday February 10/20
Items students are required to bring: N/A

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.

- I/We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in 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.
- 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.

Name of Student (please print): _____

Parent/Guardian Signature

Date

In order for your child to participate in this event, this signed consent form **MUST** be received by his/her **HOMEROOM** teacher at the school **no later than Monday, February 10/20**.