Medicine Hat Public School Division
601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

CONSENT FOR RECURRING CURRICULAR OFF-SITE ACTIVITIES

Please note that your child will NOT be allowed to participate unless this form is signed and returned to the school by _____.

I, _____ (teacher-leader name) at _____ (school name) have planned a series of off-site activities as a component of _____ (name of course/class). The planned activities are listed below.

These activities will take place off-site at specific times throughout the academic term. Refer to the attached calendar of events for specific dates and times, locations, service providers, supervision plan and transportation arrangements for the activities.

Any updates to the dates, times, locations, or transportation arrangements for these activities will be electronically communicated by _____.

For additional information, please contact the teacher-leader at _____.

Activity	Risks and Safety Controls	Cost

Teacher Signature:_____

In the event of an injury or illness, a typical emergency response to be followed by supervisory staff may include the following:

- **Assessment of the situation and provision of first aid as necessary**
- **Decision to involve emergency response teams (paramedics, etc)**
- **Contact with parent/guardian/emergency contact (when possible)**
- **Decision to proceed with emergency assistance and necessary medical treatment**

Parents, Administration & Division will be notified of any emergencies by phone or other appropriate communication.

OFF-SITE ACTIVITY ACCEPTANCE, CONSENT & ACKNOWLEDGEMENTS

Changes to Itinerary and Associated Costs

I understand that the off-site activity will follow the description of the activity set out above as closely as possible. I also understand that contingencies can arise that necessitate sudden changes to activities and destinations. **I agree that the supervisors of the off-site activity have full authority to make decisions of this nature without obtaining further consent. If such changes involve extra cost, I agree to repay the School Division for those costs associated with my child.**

Cancellation of Off-site Activity

I understand that the Superintendent of Schools has full authority to cancel or modify any off-side activity without notice for any reason the Superintendent deems appropriate. I also understand that such cancellation may mean that some or all of the money I have paid for the off-site activity might not be refundable. If the school division receives a refund, they will endeavour to pass this on to participants. **I agree that the Superintendent of Schools has such authority and that the School Division will not reimburse me for any money I have lost as a result of such cancellation.**

Discipline

I understand that my child must obey the rules established by the school and the off-site activity supervisors. **I agree that if my child breaches the rules they might be sent home. I agree that if my child is sent home under such circumstances, I will be responsible for all associated costs incurred, including the cost of special travel arrangements.**

Illness and Injury

I understand that illness and injuries sometimes occur on off-site activities. **I agree that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the off-site activity supervisors, I will be responsible for all of those costs. I authorize any of the adult supervisors on the off-site activity to consent to any medical attention my child may require.**

Media/Photography

I understand that audio recordings, photos or videos of participants in an off-site activity that is open to the general public may be taken by participants, others, or the media, and that Medicine Hat Public School Division cannot control or prevent the further distribution of such media. **I agree I will not hold the School Division accountable for the collection, use or distribution of such media.**

Consent

I have read and understood all of the information in this package. I have obtained any additional information I feel I need to satisfy myself regarding the off-site activity for my child/ward. **I acknowledge that the activity listed above includes inherent risks or hazards that have the potential for bodily injury and/or illness and recognize my right to refuse consent for this activity**, **I hereby consent to and give permission for my child/ward to participate in the above activities.**

Child's Name: _____ Grade:

Does your child have an identified health, medical condition, allergy or dietary restriction?	☐ Yes, Explain	☐ No

Parent/Guardian Name (Print)	Date	Parent/Guardian Signature

Personal information collected on this form is collected under the authority of Alberta's Protection of Privacy Act (POPA) and the Education Act. The information will be used for the administration, supervision, safety, and emergency management of the off-site activity, including responding to identified medical or physical needs of the student. Personal information may be disclosed where authorized by law to individuals or organizations involved in supporting or responding to an incident related to the activity. Questions regarding the collection, use, or disclosure of personal information may be directed to the Privacy Officer at ***privacy@mhpsd.ca*** *or* ***403-528-6700****.*