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

INFORMED CONSENT/PERMISSION FOR NATIONAL & INTERNATIONAL TRIPS

For the student to be permitted on the trip, this form must be completed in full by _____.

This consent applies to participation in the off-site activity offered in conjunction with the program providing for travel to _____ ("the destination"), and all activities associated therewith, scheduled to commence _____, 20_____ , and terminate_____, 20_____ , and organized by _____ School of the Medicine Hat Public School Division with teacher-leader _____.

Teacher Signature_____

In consideration for the participation of _____ ("the student") in the above off-site activity.

General

1. I/WE approve of and give permission for the student to participate in the trip as part of the education program.
2. I/WE understand that participation in the trip is voluntary.
3. I/WE acknowledge that I/WE have read and understood the attached trip itinerary setting out the particulars of the trip.
4. I/WE understand and agree that the trip starts when the student boards a vehicle, aircraft, or other mode of transportation used as a carrier on the trip and finishes when the student disembarks from a vehicle, aircraft or other mode of transportation at the time of completion of the student's participation in the trip.

Assumption of Risk

1. I/WE understand and acknowledge that we may expect reasonable steps to be taken by the teacher-leader to provide for the supervision of participants while they are part of the trip. I/WE recognize that it is not possible to provide constant visual supervision during the entirety of the trip and I/WE have been provided with the supervision plan for the trip. I/WE understand and acknowledge that there are risks and hazards inherent in the very nature of the trip and because of the student's participation in the trip. I/WE have full knowledge of the nature and extent of these risks and acknowledge that by participating in the trip the student may suffer personal injury, death, property damage, loss, delay, inconvenience and the cancellation or early termination of the trip, which injuries and losses are inherent in all activities/travel of this nature.
2. I/WE understand and are aware that the inherent risks and hazards to which the student may be exposed while participating in the trip, include but are not limited to the following:
    - Inherent risks of the specific activities the students will be participating in
    - Theft or loss of personal belongings
    - Higher level of violence and crime than Canada/Alberta

- Diseases which are not common in Canada/Alberta
- Road system or transportation system different than and/or of a lower standard than that in Canada/Alberta
- Homesickness
- Cultural differences
- Lower safety standards
- Differing weather conditions than the student is accustomed to
- Foreign laws, restrictions, and regulations
- Medical facilities which are of a lower standard than those in Canada
- Risks or hazards resulting from past or present military activity, political unrest, or terrorist activities

3. I/WE acknowledge that I/we have reviewed and understood the most current travel report issued by the Government of Canada for the destination, including the risks detailed in the report.
4. I/WE acknowledge that it is my/our responsibility to obtain and learn as much information as possible about the risks and hazards of the trip and to weigh those risks against the benefits of the trip, before consenting to the participation of the student in the trip.
5. I/WE nevertheless freely and voluntarily consent to the participation of the student in the trip and agree to accept these risks and fully understand that I/we will be solely responsible for any loss, injury or damage sustained by the student.

Rules of Conduct, Termination of Participation and Waiver of Refund

1. I/WE recognize that participation in the trip is a privilege, and I/we understand and agree that as a participant in the trip, the student must abide by all rules, regulations and directions imposed upon the student by the division and its teacher/chaperones, service providers and authorized representatives, and that the failure by the student to do so may result in the student's participation in the trip being terminated immediately.
2. I/WE understand and agree that the division, its elected officials and officers, employees, agents, volunteers, and representatives, including without limitation its teacher/chaperones, or any of them, shall have no responsibility to or for the student when: the student is absent from trip sanctioned activities, such as unauthorized visits to friends or relatives; the student breaches the regulations and rules of the trip; or the student willfully departs the trip without authorization.
3. I/WE recognize that it is the student's sole responsibility to acquaint him/herself with all rules and regulations established by the division and its teacher/chaperones, service providers and authorized representatives.
4. I/WE also understand and agree that as a result of the student disobeying any such rules, regulations and directions that the teacher/chaperones may send the student home at my/our own expense, and that if the student is sent home this will also result in a waiver of the right to a refund of any part of the fee paid for the trip.
5. I/WE also understand and agree that such termination of the student's participation in the trip will not relieve me/us from the obligation to pay any debt that I/we have incurred with respect to the trip.

Medical/Emergency

1. I/WE declare that the student is physically sound and not suffering from any condition, impairment, infirmity, or illness that would prevent the student's safe participation in the trip except as hereinafter stated.

Please list any medical conditions, medication, allergies and/or any physical, emotional, social or mental health concerns (attach an additional page if needed to explain):
☐ None

2. I/WE acknowledge that the following is information about the student that the division and its teacher/chaperones, service providers and authorized representatives need to know for purposes of this trip (medical; including but not limited to medication needs, allergies, or medical conditions; physical, emotional, social, and mental health, or otherwise). Please indicate if the teacher-leader needs more detailed information to properly plan and care for the student's needs
3. I/WE certify that the student has been examined by a medical doctor within the last 12 months and has been declared physically and psychologically fit to participate in the trip and planned trip activities.
4. I/WE agree that it is my/our responsibility to have the student examined by a medical doctor following any illness or injury to re-establish the bill of good health and understand that any changes in health status must be communicated with the lead teacher.
5. I/WE understand that failure to share accurate or updated health and medical information may result in termination of participation and waiver of refund.
6. I/WE agree that the division may, through its teachers/chaperones, agents, or employees, secure such medical advice and services as it, in its sole discretion, may deem necessary for the health and safety of the student in the event of an emergency, and the student's parent/guardian shall be financially responsible for the provision of such emergency services.
7. Required vaccinations: (Other vaccinations required prior to entry to destination country will be listed)

   Measles ☐ Other _____ ☐ Other _____
8. I/WE confirm that the following is the emergency contact information for the student:

Emergency Contact Name:	
Relationship to Student:	
Phone Number(s) for Emergency Contact:	

Documentation and Insurance

1. I/WE understand that the student is required to purchase the mandatory division travel insurance.
2. I/WE understand that it is my/our responsibility to ensure the necessary travel documents (including passport and visa), and any additional insurance, are secured prior to the trip.

Miscellaneous

1. I/WE understand that the obligations of the student and the undersigned parent/guardian set out herein are joint and several.
2. I/WE understand that if any of the terms or conditions of this agreement or their application to any party or

circumstances shall be held invalid by any court or other authority having jurisdiction the remainder of the agreement and the application to parties or circumstances other than those as to which it is held invalid shall not be affected.

3. I/WE understand that this agreement may only be amended or modified if it is amended or modified in writing by the School Board of Trustees and acknowledged in writing by me/us.
4. I/WE understand that the headings used in this agreement are for convenience only and are not to be considered a part of this agreement, and do not in any way limit or amplify the terms and provisions of this agreement.

Acknowledgement and Consent to Participate

I/WE, the student named herein, and the undersigned parent/guardian acknowledge that we have read and fully understand this agreement, accept the risks of participating in the trip, and consent to my/our child/ward participating.

Date	Name of Parent/Guardian	Signature of Parent/Guardian
Date	Name of Parent/Guardian	Signature of Parent/Guardian
Date	Name of Student	Signature of Student

Protection of Privacy Notice: 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 planning, administration, supervision, safety, emergency response, and operation of the trip, including travel arrangements and responding to identified medical or accessibility needs of the student. Personal information may be disclosed where authorized by law to School Division staff, transportation providers, emergency responders, medical personnel, insurers, service providers, and others involved in supporting or responding to an incident related to the trip. Information may be stored or processed outside Alberta or Canada and may be subject to the laws of those jurisdictions. Questions regarding the collection, use, disclosure, or protection of personal information may be directed to the Privacy Officer at **privacy@mhpsd.ca** or **403-528-6700.**