

# INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS

(Students Under 18 Years )

The \_\_\_\_\_ is arranging  
(name of school)

\_\_\_\_\_  
(Description of activity and dates)

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.**

## ELEMENTS OF RISK:

Educational activity programs, such as \_\_\_\_\_ involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in \_\_\_\_\_:  
(describe activity)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in \_\_\_\_\_ on \_\_\_\_\_, you must understand that you bear the responsibility for any injury that might occur.

The \_\_\_\_\_ does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.  
(name of school board)

## ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION

I give \_\_\_\_\_ permission to participate in the \_\_\_\_\_  
(name of student) (description of activity)  
to be held on or about \_\_\_\_\_  
(date)

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_