



## Co-Curricular Field Trip Consent Form (Informed Parent Consent Form)

Please read the contents of this Consent and Acknowledgement of Risk form  
Clarify any questions or concerns with the teacher/ leader BEFORE signing it.

**Please return this form by Thursday, Dec. 17, 2009.**

### PROGRAM/ACTIVITY INFORMATION

DESTINATION/ACTIVITY: \_Skating at East End Arena\_\_\_\_\_,DATE(S): \_Friday, Dec. 18, 2009

SERIES OF OFF-SITE ACTIVITIES (Specify program) \_\_ Skating\_\_\_\_\_

PURPOSE OR EDUCATIONAL GOAL(S) \_\_\_\_\_

ITINERARY/ACTIVITIES: \_\_ 1:00 – 3:00\_\_\_\_\_(Leave from school at 12:50)\_\_\_\_\_

METHOD OF TRANSPORTATION: \_\_vehicles\_\_\_\_\_ By:\_\_\_\_parents\_\_\_\_\_

TEACHER-IN-CHARGE : \_School Staff (Mr. denHollander – rep.)

### CONSENT AND ACKNOWLEDGEMENT OF RISK

1. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury due to an unforeseeable event associated with his/her participation, e.g., strained or torn muscles, broken limb, etc.
2. My child has been informed that he/she is to abide by the rules and regulations of ICS as stated in the student handbook, including directions and instructions from the school's administrators, instructors, and supervisors over all phases of the program/activity.
3. I 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.
5. I consent that the teacher-in-charge may secure such medical advice and services as they deem necessary for my child's health and safety on the parent's behalf, if a parent/guardian is unable to be contacted for medical decisions, and that I shall be financially responsible for such advice and services.
6. Based on my understanding, acknowledgement, and consents as described herein,

(Name of Student) \_\_\_\_\_has my permission to

participate in the field trip/activity

Date : \_\_\_\_\_ Name (Please print) \_\_\_\_\_

Signature : \_\_\_\_\_

\* P.S. This form and the I.C.S. Messengers can be found on our website [www.immanuelchristian.ca](http://www.immanuelchristian.ca)