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 ALL OFF-SITE ACTIVITIES

(To be completed by **Lead Teacher** and **Parent/Guardian**)

LEAD TEACHER SECTION

Your child will be involved in an off-site activity. The details of the activity include:

School: _____ Purpose: _____

Destination: _____ Date(s): _____

Lead Teacher/Class: _____

Supervision Plans: _____

Transportation Plans: _____

Risks and Dangers:

Costs (if any): _____

For additional information, please phone the school at _____ .

PARENT/GUARDIAN SECTION

Please note that your child will NOT be allowed to participate in this off-site activity unless this form is signed and returned to the school prior to the activity taking place.

OFF-SITE ACTIVITY CONSENT FORM

I acknowledge that the activity listed above includes inherent risks, hazards and dangers that have the potential for bodily injury and illness and recognizing my right to refuse consent for this activity, I hereby consent to and give permission for my child to participate in the activity.

Child's Name: _____ Grade: _____

Destination: _____ Date(s): _____

Does your child have an identified medical condition? Yes ☐ No ☐

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

The personal information contained on this form is collected under the authority of the Education Act and the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of participating in school off-site activities. If you have any questions about this consent form, please contact the School Principal or the Superintendent of Schools.

Reference: Administrative Procedure 720 AP 001 Off-Site Activities