Medicine Hat Public School Division

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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.

I, _____ (lead teacher name) at _____ (school name) has 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, 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 lead teacher at _____.

Activity	Risks and Dangers	Cost

I acknowledge that the activities listed above include 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 above activities.

Child's Name: _____ Grade: _____

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

_____	_____	_____
Parent/Guardian Name (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.