

**Student Travel / Emergency Medical Consent Form**

**Student Name:** \_\_\_\_\_

**Type/Date of School Activity/Trip:** \_\_\_\_\_

To be completed by parent/guardian and copies kept on file in Principal's Office prior to student travel.

**PERMISSION / AGREEMENT**

I hereby agree to allow my child \_\_\_\_\_ to participate in the school activity/trip indicated above. I acknowledge that my child is healthy and well enough to travel/participate in the above noted activity.

Your signature below indicates that you agree to the following conditions. I, the undersigned parent/guardian of the above-named student:

- agree for him/her to participate in this school trip.
- hereby authorize the teacher(s) in charge of this trip to secure medical advice as may be deemed necessary for the health and safety of my daughter/son/ward.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**STUDENT DATA**

NAME:

\_\_\_\_\_  
LAST NAME FIRST MIDDLE

\_\_\_\_\_  
ADDRESS CITY PROVINCE

\_\_\_\_\_  
POSTAL CODE TELEPHONE

\_\_\_\_\_  
BIRTH DATE DAY MONTH YEAR GRADE

**MEDICAL INFORMATION**

PLEASE SPECIFY ANY OF THE FOLLOWING:

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

DIETARY CONCERNS: \_\_\_\_\_

OTHER: \_\_\_\_\_

MCP#: \_\_\_\_\_ MCP Expiry Date: \_\_\_\_\_

DOCTOR: \_\_\_\_\_  
NAME TELEPHONE

**PARENT / GUARDIAN DATA**

NAME:

\_\_\_\_\_  
LAST NAME FIRST RELATIONSHIP

TELEPHONE: \_\_\_\_\_  
HOME WORK

**ALTERNATE CONTACT DATA**

CONTACT:

\_\_\_\_\_  
LAST NAME FIRST RELATIONSHIP

TELEPHONE: \_\_\_\_\_  
HOME WORK

## APPENDIX D

### School Activity/ Trip Permission Form (Completed for each school activity/Fieldtrip)

**School:** \_\_\_\_\_

**Type/Date of School Activity/Trip:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Section A:**

I hereby agree to allow my child \_\_\_\_\_ to participate in the school activity/trip indicated above. I acknowledge that my child is healthy and well enough to travel/participate in the above noted activity.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Section B:** (To be completed when private vehicles are used)

I hereby give permission for my child \_\_\_\_\_ to travel to the above noted activity by parents in private vehicles as organized through the school. I am aware that all drivers and vehicles used follow the regulations in Policy IJOAB (A) (Student Travel).

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Policy IJOAB(A) Point 17**

When schools involve adults (teachers, parents, volunteers, etc.) to provide transportation for students to school events using private vehicles, the principal must ensure that Appendix A (Private Vehicle Approval Form) has been completed and signed. Appendix B (Private Vehicle Travel Record Form) is provided to document school travel by private vehicles. Appendix A requires the driver to sign confirming each of the following:

- A valid driver's license
- Current insurance that includes a minimum of \$1,000,000 Public Liability (Note: \$1,000,000 public liability required but \$2,000,000 recommended) Accident Benefits
- A licensed vehicle in safe running order that is equipped with snow tires for the winter driving season. (November 1 – April 30)
- The adult has contacted his/her insurance company to confirm that transportation of students to such activities does not violate his/her insurance policy.
- The occupant limit of the vehicle does not exceed the number of seatbelts.
- The adult( if not an employee) is registered as an official volunteer with the school following the procedures outlined in the Volunteers Policy (Policy IJOC) and, given the status of a High Risk Volunteer, has submitted an acceptable Certificate of Conduct from the RNC/RCMP to the Principal. (Including a Vulnerable Sector Check)