



Calgary Board of Education

Consent of Parent or Guardian and “Acknowledgement of Risk” for “A” and “B” Off-Site Activity/ies Corporate Risk Management

PLEASE READ CAREFULLY

STUDENT NAME: _____

SCHOOL: William Aberhart High School1. Select either (i) or (ii)

- (i)
- ☒
- My child will be given the opportunity to participate in the following program or activity: (please specify program)

William Aberhart 2013 Junior Football Programa) Name of the Service Provider: Calgary Board of Educationb) Location: William Aberhart High Schoolc) Date: August 28, 2013 - Dec 1, 2013d) Teacher in Charge: Babu Gill, Marlon Mohammed, Brian Pederson

- (ii)
- ☐
- My child will be given the opportunity to participate in the following series of off-site activities for the following program.
-
- (please specify program) _____

*SEE THE ATTACHED LIST FOR ACTIVITIES, DATE, LOCATION, SERVICE PROVIDER AND TEACHER IN CHARGE.

2. The Board will make every reasonable effort to ascertain that:

- a) The supervisors and staff of the Service Provider are fully trained and qualified.
- b) The students who undertake the program or activities will be adequately supervised.
- c) The location and/or facilities meet the applicable health and safety standards.
- d) Any equipment made available by the Service provider or used in the activity has been inspected and is deemed to be appropriate, safe, and well maintained.
- e) The Service Provider has taken all reasonable steps to ensure that any animal(s) involved in the activity are safe.

CONSENT AND ACKNOWLEDGEMENT OF RISK

- 3.
- I/We acknowledge the existence of known hazards and the potential for unknown hazards inherent in the above program or activity(ies) and voluntarily assume such risks, which may result in any manner of injury, illness and/or death to my child, as a result of the following:*

☐ ACCOMMODATIONS: _____☐ ALLERGIES: _____

☒ EQUIPMENT: All risks associated with the sport of football (ie. contact injuries, field conditions, weather conditions, travel). It is recommended that all students have a physical prior to their participation. Students must wear the appropriate equipment at all times while participating in football practices and games. Students are not to use equipment for any activities other than school practices, games, or CSHSAA (Calgary Senior High School Athletic Association) approved football camps.

☐ REMOTENESS: N/A☐ SWIMMING: _____

- Based upon my understanding of the activity(ies) and the hazards identified above, I give my child permission to participate in this activities(ies)

September 2009

IMPORTANT – MEDICAL INFORMATION

Health Information: (Teacher-in-Charge will have a photocopy of this information during the Off-Site Activity/ies to address health and medical needs including emergencies and may share this information with others as deemed necessary.)

MUST BE COMPLETED BY A PARENT OR GUARDIAN

Activity: William Aberhart 2013 Junior Football Program

Date(s) August 28, 2013- Dec. 1, 2013

Student Name: _____ Alberta Health Care #: _____

Date of Birth (Yr/M/D): _____

Allergies:	Does your child have Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "YES", please specify below.</i>
Drug Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Conditions

Is your child under any form of treatment for an illness, condition or injury? (including Asthma)

☐ Yes

☐ No

If yes, please elaborate. Include activities to be restricted or modified.

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

Medication storage Requirements: _____

Medical Treatment Restrictions (if any) e.g. blood transfusions: _____

Dietary Restrictions (if any): _____

Additional Instructions/Information: _____

Emergency Contact: 1) _____ Phone: _____ (H) _____ (W) _____ (C)

2) _____ Phone: _____ (H) _____ (W) _____ (C)

The above medical information is accurate to the best of my knowledge. I hereby give CBE Staff and representative's permission to assist and administer the above medications. This information is consistent with the CBE Request for Assistance to Administer Medication Form.

Signature: _____ (Parent/Guardian)

Name: _____
(Please Print)

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the School Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal or Corporate Risk Management at 403-294-8578.