

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

| PLEASE READ CAREFULLY | | | | | | | | | |
|-----------------------|--|-------------------------------|--|--|--|--|--|--|--|
| STUDE | ENT NA | AME: | SCHOOL: William Aberhart High School | | | | | | |
| 1. S (| Select <u>either</u> (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 Program | | | | | | | | |
| | a) | Name of the Service Provider: | Calgary Board of Educationl | | | | | | |
| | b) | Location: | William Aberhart High School | | | | | | |
| | c) | Date: | August 28, 2013 - Dec 1, 2013 | | | | | | |
| | d) | Teacher in Charge: | Babu Gill, Marlon Mohammed, Brian Pederson | | | | | | |
| (ii) 2. | 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. 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 appropria 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 | | | | | | |
| a | ctivity(| | wn hazards and the potential for unknown hazards inherent in the above program or ch risks, which may result in any manner of injury, illness and/or death to my child, as a result | | | | | | |
| \Box Λ | COM | MODATIONS: | | | | | | | |

| 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: |

| TERRAIN: Il 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. | | | | | | | | |
|--|---|---------------------------------|------------------------------|--|--------------------|--|--|--|
| \boxtimes | TRANSPORTATION: | Weather, road conditions, tra | ffic, slipping and falling v | vhile getting on or off the bus. | | | | |
| | □ WALKING □□□ | | | | | | | |
| recc part | WEATHER: 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. | | | | | | | |
| | WILD ANIMALS: | | | | | | | |
| | OTHER HAZARDS: | | | | | | | |
| | | | | | | | | |
| 4. | The following means of | transportation will be provided | by: School Bus or ap | proved bus carrier | | | | |
| 5. | I accept this mode of tra | nsportation for this activity: | | | ⊠ Yes □ No | | | |
| | I permit my child to use Other: <i>(please sp.)</i> | alternate means of transporta | tion, as identified: | | ☐ Yes ⊠ No | | | |
| 6. | information beyond that | provided to me by the school | or Board to the extent th | ion about this program, or activity as at I require and am not, in any way, rand extent of the risks and hazards a | elying solely upon | | | |
| 7. | | | | the program or activity and understar o an unforeseeable or fortuitous even | | | | |
| 8. | My child has been informed that he/she is to abide by the rules and regulations including directions and instructions from the school's teachers, instructors, and supervisors as imposed on students while participating in the program or activities. This shall include his/her participation in all of the introductory sessions and meet all prerequisites prior to his/her participation in the activity or program. | | | | | | | |
| 9. | In the event that my child fails to abide by the rules and regulations imposed on the student while participating in the program or activities, disciplinary action may either require that he/she not participate in the program or activity, or that I will be contacted to have him/her picked up, unless I have permitted my child to pursue alternate means of transportation as identified herein. | | | | | | | |
| 10. |). I acknowledge that it is my responsibility to advise the Board of any medical or health concerns of my child which may affect his/her participation in the stated program or activity. | | | | | | | |
| 11. | | | | nool may secure such medical advice and safety, and that I shall be financi | | | | |
| Based upon my understanding of the activity(ies) and the hazards identified above, I give my child permission to participate in this activities(ies) | | | | | | | | |
| Date | <u>}-</u> | Name | (Please Print) | Signature <u>:</u> (Pare | nt/Guardian) | | | |

| 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? Yes No If "YES", please specify below. | | | | | | | | | |
| Drug Allergies? | ☐ Yes | S No | | | | | | | | |
| Food Allergies? | ☐ Yes | S No | | | | | | | | |
| Insect Allergies? | ☐ Yes | Yes No | | | | | | | | |
| Other Allergies? | ☐ Yes | S No | | | | | | | | |
| Medical Conditions | | | | | | | | | | |
| Is your child under any form of treatment for an illness, condition or injury? (including Asthma) Yes If yes, please elaborate. Include activities to be restricted or modified. | | | | | | | | | | |
| Please fill out the medication | on names a | and details for admini | stering t | them: (if more space | e is required please attach a | additional information) | | | | |
| NAME OF MEDICATION | | | | • | DOSAGE | HOW OFTEN? | TIME OF DAY | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Medication storage Dequire | monts: | | | | | | | | | |
| 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: | 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.