

# St. Mary's Academy

## Field Trip – Volunteer Consent Form

**PROGRAM/ACTIVITY INFORMATION** (Read attached Program/Activity Information prior to completing this form)

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program/Activity: \_\_\_\_\_ Date (s): \_\_\_\_\_

**OR**

Series Of Off-Site Activities (Specify Program): \_\_\_\_\_

Teacher-In -Charge: \_\_\_\_\_

### **EXPECTATIONS**

Volunteers are an important part of the leadership team for an off-site activity and are expected to:

- |  |   |
|--|---|
| a) Review and comply with relevant board policy  | e) Support and follow the school code of conduct.             |
| b) Have qualifications appropriate for the off-site activity.  | f) Report any inappropriate conduct to the teacher-in-charge. |
| c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure. | g) Adhere to the schedule or itinerary.                       |
| d) Exhibit positive behaviour and be an acceptable role model  | h) Dress appropriately for the off-site activity              |

### **POTENTIAL KNOWN RISKS**

Potential known risks include the following:

\_\_\_\_\_  
\_\_\_\_\_

### **CONSENT AND ACKNOWLEDGEMENT OF RISK**

1. Mode of Transportation: \_\_\_\_\_ By: \_\_\_\_\_

2. I accept this mode of transportation for this activity:  Yes  No **OR**

I will provide my own transportation:  Yes  No **OR**

I consent to the use of my vehicle for the transportation of students for this activity:  Yes  No

If I will be transporting students in my vehicle, I have completed a Volunteer Driver Authorization Application form:  Yes  No

- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury due to an unforeseeable event associated with my volunteer involvement.
- I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
- I acknowledge that it is my duty to advise the school of any medical/health concerns that may affect my participation.
- I acknowledge that the school may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
- I consent that the school, through its employees, agents, and officers may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
- I understand, acknowledge and consent to the above as described herein:

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

Required for extended trips

Volunteer Name \_\_\_\_\_

Manitoba Health Registration No. (6-digit) \_\_\_\_\_

Manitoba PHIN (9-digit): \_\_\_\_\_

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) (specify):  
\_\_\_\_\_

Reaction to above \_\_\_\_\_

Epipen?  Yes  No    Ana Kit?  Yes  No

Medical/Physical conditions that may affect participation in the program/activity  
\_\_\_\_\_  
\_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities you should not do:  
\_\_\_\_\_  
\_\_\_\_\_

Medication(s) taken (name, reason, dosage, storage, potential side effects/treatment of such):  
\_\_\_\_\_  
\_\_\_\_\_

Other Health/Medical/Dietary Concerns:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts:

1) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_