

UPPER PINE ELEMENTARY JUNIOR SECONDARY SCHOOL
CONSENT FORM
(Curricular/Co-Curricular/Extra-Curricular Activities)

TYPE OF ACTIVITY:

- ☒ **X** Specific Location/Specific Date:
☐ Seasonal Athletic Activities
☐ Out of District Activities (Board approval required)

ACTIVITY:

LOCATION OF ACTIVITY: **Upper Pine School**

ACTIVITY ITINERARY:

Student's Name _____

I, _____, PARENT/GUARDIAN TO THE ABOVE NAMED
STUDENT AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

1. I am aware of the risks involved in this activity and consent to him/her taking part in all phases of this activity.
2. Mode of travel: **parent transportation**
3. If a private vehicle is used – Name of Driver: _____
4. Address: _____ Phone: _____
5. Will be leaving as stated above.
6. (If applicable) He/she will be picked up at _____ by _____
7. **He/She has the following medical condition that the Teacher/Supervisor should be aware of:** _____
8. **He/She is authorized to carry/take, as necessary, the following drugs/medication without the supervision of the Teacher/Supervisor** _____
9. Should a medical emergency arise, I authorize the Teacher/Supervisor to secure such Medical Advice or Emergency Surgery or Services as may be deemed necessary for the health and safety of him/her. Every effort will be made to contact a parent/guardian. Phone #(Home) _____
(Work) _____ (Cell) _____
Emergency contact if unable to contact parent/guardian
(Name) _____ (Phone #) _____
Family Physician _____ Care Card # _____

LIMITATIONS TO LIABILITY FOR PERSONAL PROPERTY LOSS OR DAMAGE

Students should not bring expensive or fragile personal property with them on this activity. Students are liable for the safeguarding of their personal property. The School Board does not assume responsibility for any damages or losses that might occur while the student is participating in a District authorized activity outside of the normal school setting.

Parent/Guardian signature: _____ Date _____