

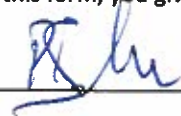
PARENT/GUARDIAN CONSENT
Off-Site Activity(Local Field Trips)

Dear PARENT(s) OR GUARDIAN(s) of: Grade 10-12 RM # _____ NAME OF SCHOOL: Monsignor McCoy High School

Please read this form carefully. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

This form must be signed and returned to the school by: Please return with school registration form for your child to be permitted to participate. Your child may participate in multiple field trips during the school year where they will be off of school property. Below is a list of field trips we plan to take. By signing this form, you give consent for your child to participate and acknowledge the risk. **Additional Field Trip details will be provided (if required).**

Any TBA will be confirmed prior to activity.

Principal Signature: 

| Lead Teacher/Activity | Destination | Date/ Time & Schedule | Purpose/Educational Goals | Potential Known Risks | Method of Transportation | Cost to the Student | What to Bring | Volunteers/ Supervisors needed |
|--|--|-----------------------------|--|---|-------------------------------|---------------------|---|--------------------------------|
| Mass Celebrations/Faith Formation Activities Lead Teacher: Sean Kelly Contact Info: 403-527-8161 | Holy Family Parish St. Patrick's Church | Ongoing throughout the year | Catholic Faith Formation and Education Mass, Celebrations, and Faith Formation Activities | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | Walking or bus transportation | None | Dress Appropriately for walking and weather | None |
| RED Day Lead Teacher: Natasha Taylor Contact Info: 403-527-8161 | MH Cypress Centre | September | Opening Activity (See attached permission form related to AP 262 and the use of Inflatables) | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | Walking or bus transportation | None | None | None |
| Skills Canada Lead Teacher: Rob Burzminski Contact Info: 403-527-8161 | Medicine Hat College | April/May | CTS & Trades | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | Walking or bus transportation | None | None | None |
| Daily Physical Activity Walk | Excursions within close proximity of the school property | Ongoing | Daily Physical Activity requirements | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | Walking or bus transportation | None | None | None |
| Fine Arts Performance Lead Teacher: Pat Weisgerber, Kimberly Peterson Contact Info: 403-527-8161 | TBD | TBA | Drama & Music | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | Walking or bus transportation | Price of ticket | None | None |

| Activity | Destination | Date/ Time & Schedule | Purpose/Educational Goals | Potential Known Risks | Method of Transportation | Cost to the Student | What to Bring | Volunteers/ Supervisors needed |
|--|---|-----------------------------|--|---|---|---------------------|---|---|
| Photography & Video walking picture taking Lead Teacher: Brook Jackle Contact Info: 403-527-8161 | Medicine Hat | Varies during semester | Application of photography and video | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | Walking or single student in their own vehicle | None | Appropriate clothing | None |
| River and Field Study Lead Teacher: Roy Graf Contact Info: 403-527-8161 | South Saskatchewan River near McCoy and Fields nearby | Varies during semester | Science 10-4 Science 20-4 | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | Walking or bus transportation | None | Appropriate clothing | None |
| Shopping Advent Project Lead Teacher: Natasha Taylor Contact Info: 403-527-8161 | Walmart and other local stores | December | Citizenship and Social Justice | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | School Van | Donation based | Appropriate clothing | None |
| World of Choices Careers | TBD in Medicine Hat | March TBD | Expose grade 11 students to different career opportunities | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | School bus School van single student in their own vehicle | None | Appropriate clothing | None |
| Indoor Soccer Lead Teachers: BJ Melle & Janice Laing/PE Teacher Contact Info: 403-527-8161 | FLC | Ongoing throughout the year | Physical Education | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | School bus School van single student in their own vehicle | \$20 per module | CLEAN indoor shoes or indoor cleats | None |
| Swimming Lead Teachers: BJ Melle & Janice Laing/PE Teacher Contact Info: 403-527-8161 | City Pool Facilities | Ongoing throughout the year | Physical Education | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions, drowning | School bus School van single student in their own vehicle | \$20 per module | Swim wear, towel, A quarter for a locker if desired | None |
| Bowling Lead Teachers: BJ Melle & Janice Laing/PE Teacher Contact Info: 403-527-8161 | Panorama Lanes | Ongoing throughout the year | Physical Education | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions | School bus School van single student in their own vehicle | \$20 per module | Appropriate clothing | Ongoing throughout the year (Students will be notified ahead of time) |

**Administrative Procedure 260 – Field Trip
Medicine Hat Catholic Board of Education**

**Form-260-5
Multiple Field Trip Form**

| Activity | Destination | Date/ Time & Schedule | Purpose/Educational Goals | Potential Known Risks | Method of Transportation | Cost to the Student | What to Bring | Volunteers/ Supervisors needed |
|--|--|---|----------------------------------|--|---|----------------------------|---|---------------------------------------|
| Tennis Lead Teachers: BJ Melle, Janice Laing/PE Teacher Contact Info: 403-527-8161 | McCoyTennis Courts/Medicine Hat Tennis Club/MHC Tennis Courts | Ongoing throughout the year (Students will be notified ahead of time) | Physical Education | Sprained/broken toe, foot, ankle, knee, wrist, fingers or shoulder. Concussion, slip on lane, allergic reaction | School bus School van single student in their own vehicle | \$20 per module | Runners & PE Gear | None |
| Golf/ Mini Golf Lead Teachers: BJ Melle, PE Teacher/ Janice Laing Contact Info: 403-527-8161 | Hooplas, Paradise Valley | Ongoing throughout the year (Students will be notified ahead of time) | Physical Education | Sprained/broken toe, foot, ankle, knee, wrist, fingers or shoulder. Concussion, slip on lane, allergic reaction | School bus School van single student in their own vehicle | \$20 per module | Appropriate clothing | None |
| Billiards Lead Teachers: BJ Melle, Janice Laing/PE Teacher Contact Info: 403-527-8161 | TBD (In town) | Ongoing throughout the year (Students will be notified ahead of time) | Physical Education | Sprained/broken toe, foot, ankle, knee, wrist, fingers or shoulder. Concussion, slip on lane, allergic reaction | School bus School van single student in their own vehicle | \$20 per module | Appropriate clothing | None |
| Arena Touch Football Lead Teachers: BJ Melle & Janice Laing/PE Teacher Contact Info: 403-527-8161 | FLC | Ongoing throughout the year (Students will be notified ahead of time) | Physical Education | Sprained/broken ankle, knee, wrist, fingers or shoulder. Concussion. Scrapes/cuts, allergic reaction | School bus School van single student in their own vehicle | \$20 per module | Runners & PE Gear | None |
| Spartan Obstacle Race Lead Teachers: BJ Melle & Janice Laing/PE Teacher Contact Info: 403-527-8161 | Monsignor McCoy High School or alternate location within the city. | June | Physical Education | Sprained/broken toe, foot, ankle, knee, wrist, fingers or shoulder. Concussion, slip on lane, allergic reaction, insect snake bite, dehydration, sun burn, heat stroke | School bus School van single student in their own vehicle | None | Sunscreen, bug spray, hat, water bottle | None |
| Various Salon Visits Lead Teacher: Laura Erickson/Rylee Shulson Contact Info: 403-527-8161 | Various local hair/nail salons | TBA | Cosmetology | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions, drowning | School bus School van single student in their own vehicle | None | Proper clothing | None |
| Foods 1/23 Trip to Local Bakery/Grocery Store | Local grocery store | TBA | Physical Education | Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, allergic reactions, drowning | School bus School van single student in their own vehicle | None | Proper Clothing | None |

Parent Permission Required

Red Day

(AP 262 – Temporary Inflatable Amusement Structure)

On our annual Red Day field trip there will be the opportunity for students to participate in the use of inflatable structures at our annual Red Day. Staff will be present and supervising the use of the inflatables.

As stated in the Medicine Hat Catholic Board of Education, Administrative Policy 262 requires parents to give consent/permission and to provide awareness of this activity concerning potential risks. If you have any questions regarding this activity or AP 262, please review it via our MHCBE website or contact the school front office at your earliest convenience.

Potential Risks: The following list includes, but is not limited to, examples of the types of injury that may result from using Temporary Inflatable Amusement Structures, which includes: 1. Fractures and Sprains; 2. Injury of neck and head including concussion, facial injury and damage to teeth; and, 3. Death. **IMPORTANT NOTE:** By choosing to take part in this activity, you are accepting the risk that your child may be injured. The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that your child may be injured.

Parent Permission is required for your child to use the “Inflatable Amusement Structure” on Red Day

Child's Name (Print): _____

Parent's Name (Print): _____

Parent's Signature: _____

SCHOOL RESPONSIBILITIES - The School will make every reasonable effort to ensure or ascertain that:

1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. Every effort is made to identify and manage known potential risks.
6. Emergency Procedures are in place to deal with an injury or illness to any of the students.

CONSENT AND ACKNOWLEDGEMENT OF RISK *(Your signature on this form denotes consent)*

1. I accept the mode of transportation for this activity.
2. 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.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed they abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.
7. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
8. I acknowledge that the risks include but are not limited to those listed.

MEDICAL INFORMATION

Allergies:

Carries EPI-PEN: Yes No

Carries ANA-KIT: Yes No

Health/Medical/Physical Issues:

Medications:

Other:

Name of Student: _____ **Date of Birth:** _____ **has my permission to participate.**

Today's Date: _____ **Parent/Guardian/Emergency Contact Name:** _____

Phone # Day _____ **Phone # Evening** _____ **Cell #** _____

Parent Signature x _____ **Parent Name (Print)** x _____

DISCLAIMER - PARTICIPATION IN THIS EVENT IS DEPENDENT ON ACCEPTABLE HEALTH AND SAFETY CONDITIONS AT THE TIME OF THE EVENT. IF PARTICIPATION IS CANCELLED DUE TO UNFORESEEN CIRCUMSTANCES, MEDICINE HAT CATHOLIC BOARD OF EDUCATION WILL NOT ACCEPT RESPONSIBILITY FOR THE EXPENSES INCURRED IN PREPARATION FOR THIS EVENT.