

**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: R. Sewell

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 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	Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/pedestrian accidents, allergic reactions	Walking or bus transportation	None	None	None
Skills Canada Contact Info: CTS Teachers 403-527-8161	Medicine Hat College/Medicine Hat High School and other locations TBD	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 Various teachers/staff	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: Nicole Shupe & Alissa McLester Contact Info: 403-527-8161	Medicine Hat College or other venue	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: Media Teachers Contact Info: 403-527-8161	Medicine Hat	Varies during semester	Application of photography and video for Media	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: Science Teachers 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 CTS teachers Contact Info: 403-527-8161	TBD in Medicine Hat	March TBD	Expose 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: PE Teachers 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	As per student fees	CLEAN indoor shoes or indoor cleats	None
Swimming Lead Teachers: PE Teachers 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	As per student fees	Swim wear, towel, A quarter for a locker if desired	None
Bowling Lead Teachers: PE Teachers 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	As per student fees	Appropriate clothing	Ongoing throughout the year (Students will be notified ahead of time)

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: PE Teachers 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	As per student fees	Runners & PE Gear	None
Golf/ Mini Golf Lead Teachers: PE Teachers 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	As per student fees	Appropriate clothing	None
Billiards Lead Teachers: PE Teachers 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	As per student fees	Appropriate clothing	None
Arena Touch Football Lead Teachers: PE Teachers 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	As per student fees	Runners & PE Gear	None
Elementary school visits Various Teachers/staff Contact Info: 403-527-8161	Various local elementary schools in the city	Various dates and times	Older high school students helping younger elementary students in the district and promoting McCoy	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:Rylee Shulson or Cosmetology teacher/staff 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 Foods teachers	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: _____

<p>SCHOOL RESPONSIBILITIES - The School will make every reasonable effort to ensure or ascertain that:</p> <ol style="list-style-type: none"> 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. 	<p style="text-align: center;">CONSENT AND ACKNOWLEDGEMENT OF RISK <i>(Your signature on this form denotes consent)</i></p> <ol style="list-style-type: none"> 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.
<p>MEDICAL INFORMATION</p> <p>Allergies: _____</p> <p>Carries EPI-PEN: <input type="checkbox"/> Yes <input type="checkbox"/> No Carries ANA-KIT: <input type="checkbox"/> Yes <input type="checkbox"/> No Health/Medical/Physical Issues: _____</p> <p>Medications: _____</p> <p>Other: _____</p>	<p>has my permission to participate.</p> <p>Name of Student: _____</p> <p>Date of Birth: _____</p> <p>Parent/Guardian/Emergency Contact Name: _____</p> <p>Phone # Evening: _____ Cell #: _____</p> <p>Parent Signature x _____ Parent Name (Print) x _____</p>
<p>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.</p>	