

Moving ahead. Together. | Aller de l'avant. Ensemble.

FIELD TRIP CONSENT FORM
(to be used for a specific field trip)

FIELD TRIP DESCRIPTION:

(Name of Teacher)

I have read the above information pertaining to your field trip to _____

(Location)

and hereby give my permission for _____

(Name of Pupil)

to attend from _____ to _____

(Date)

(Date)

I give my permission to _____ to seek medical attention

(Name of the teacher/person responsible)

for my child in case of emergency.

Residence Telephone Number _____

Business Telephone Number _____

(Date) Signature: _____
(Parent/Guardian)



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GENERAL CONSENT FORM

(to be completed once at the start of each school year)*

Name of School: _____

Address: _____

Attention: _____

(Name of Teacher)

I have read the accompanying letter pertaining to short outings within walking distance of the school that are to take place during the school year _____ and do hereby give my permission for:

(Name of Pupil)

to take part in these outings for the school year _____

I give my permission to _____ to seek medical attention
(Name of the teacher/person responsible)

for my child in case of emergency.

Residence Telephone Number _____

Business Telephone Number _____

In the space below, please include any pertinent information concerning your son's/ daughter's health, medication, allergies, etc.

(Date)

Signature: _____
(Parent/Guardian)

*The Governing Board may adopt this form or a similar form, adapted to the particular needs of the school.

FIELD TRIP INFORMATION FORM
For trips outside the Province of Quebec

(Intended as information for school board personnel and commissioners
and to be sent to the Director of Educational Services)

School: _____

Description of trip: _____

Location of trip: _____

Dates: From _____ To _____

Cost per participant: _____

Number of students: _____ Number of chaperones: _____

Name(s) of field trip organizer(s): _____

NAMES OF ALL OTHER CHAPERONES

School Personnel

Other

Mode of travel: _____

Special events or notes: _____

Signature of school administrator

Name of person completing this form (please print)

(Date)

FIELD TRIP REQUEST FORM

(To be given to the school principal or centre director)

Name of School: _____

Objective: _____

Nature of trip/project: _____

Level of students: _____

Number of potential students: _____

Responsible person(s): _____

Supervision duty to be covered (Day and Time): _____

Number of volunteers: _____

Person making request: _____

Date: _____

Date of departure: _____ Date of return: _____

Mode of transportation: (Bus, etc.) _____

Time: _____ Time: _____

Entrance cost: _____ Bus cost: _____ Student cost: _____

Approved: _____ (Principal)	Date: _____
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(Copy to be returned to person(s) responsible for organizing the trip.)

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EMERGENCY MEDICAL TREATMENT FORM *FIELD TRIPS*

(To be completed at the beginning of each school year)

SCHOOL:

STUDENT'S NAME:

Student's Québec Health Insurance No.:
Expiry Date:

Medical Alerts, Allergies, etc. (specify type):

If medication has been prescribed, please specify type:

If your child is using prescribed medication, he/she should carry this medication on his/her person at all times, either hand-held or carried in a zippered pouch belt.

Name of Family Physician (if available):

EMERGENCY MEDICAL TREATMENT

The Undersigned hereby agrees that in the event that I or my spouse or parent/tutor/guardian cannot be contacted within a reasonable period of time, the person in charge, as indicated, be appointed to authorize the admission to hospital, if deemed necessary by a medical doctor, and emergency medical treatment recommended by a medical doctor to be given to the above named student while participating in this trip and related events.

Name of Parent, Tutor or Legal Guardian : _____

Home Address : _____

E-mail Address: _____

Home Telephone No.: _____ **Alternate Telephone No :** _____
(neighbour or relative)

Business Telephone No : _____
(father) (mother)

Mother's Maiden Name: _____

Signature

Date

List of Activities Considered High Risk and Must not be Practised

4 April 2002

Trampoline, delta plane, parachuting, hand gliding, bungee jumping, go-kart racing, bicycle racing, motorcycle racing, mountain bicycling, snowmobile riding, mountain climbing, rock climbing, ice climbing, cave exploring, horseback riding, scuba and deep sea diving, river snorkelling, rafting, white water canoeing, sail boarding, sailing, kayaking, dog sledding, ballooning, downhill ski racing, tubing on snow, ATV riding, and paint ball games.



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ACCIDENT REPORT

Name of School/Centre _____ Policy No. _____

Certificate No. _____

Contact Person _____ Tel. _____

Fax _____

CLAIMANT

1. Family Name _____ Name _____ Age _____

2. Address _____ Tel. _____

3. Date _____ Time: A.M. _____ P.M. _____

4. Location of Accident _____

5. a) Briefly describe the accident _____

b) Describe the injury _____

6. Name of person responsible on duty at the time of the accident (if applicable):

7. Immediate measures:

First aid _____

Method of transportation to health services _____

Method of transportation home _____

Method of transportation to hospital _____

8. Witness: 1. Name _____

Address _____ Tel. _____

2. Name _____

Address _____ Tel. _____

Signature _____ Date _____