

**FIELD TRIP CONSENT FORM**

(to be used for a specific field trip)

FIELD TRIP DESCRIPTION:

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(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)



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

**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: \_\_\_\_\_

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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.)

## EMERGENCY MEDICAL TREATMENT FORM

### *FIELD TRIPS*

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

<b>SCHOOL:</b>
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<b>STUDENT'S NAME:</b>
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<b>Student's Québec Health Insurance No.:</b> <b>Expiry Date:</b>
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<b>Medical Alerts, Allergies, etc. (specify type):</b>
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<b>If medication has been prescribed, please specify type:</b>
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*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.*

<b>Name of Family Physician (if available):</b>
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### 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.

## 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 \_\_\_\_\_