



# Arthur Day Middle School

43 Whitehall Blvd. | Winnipeg, MB R2C 0Y3 | Tel: 204.958.6522 | Fax: 204.222.4865

Principal: Cara Colorado | Vice-principal: Erin Ellison | Email: ad@retsd.mb.ca | Web: www.retsd.mb.ca/ad

## PARENTAL INFORMED CONSENT FOR OUT-OF-SCHOOL ACTIVITIES

### Board Responsibilities:

The Board will make every reasonable effort through application of its policies and procedures, to provide for thorough preparation and planning and implementation of out of school activities undertaken by its employees, agents and officers.

### Informed Consent:

**Teacher:** Mrs. Heidman [jheidman@retsd.mb.ca](mailto:jheidman@retsd.mb.ca)

**Activity:** Gr 7 Outdoor Ed Wall Field Trip to Vertical Adventures Climbing Gym

**Where:** 77 Paramount Road, Wpg.MB

**When:** Thursday, May 23 in Day 2 Outdoor Ed class for the afternoon  
11:20 Meet at front doors before lunch, bring a bag lunch and eat there.

**How:** School Bus transportation - all get the lesson and instruction which is part of our class work they will watch to learn, students with (optional) signed waivers will be allowed to climb after instruction.

**Required:** \$13.00, signed waiver optional, running shoes, lunch

**Goal:** Introduce students to new skills and active facilities that they can access and learn on their own outside of school.

Name of Student (please print): \_\_\_\_\_

Homeroom: \_\_\_\_\_

I / We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities and other off-school site programs. These types of injuries may be minor or serious.

I / We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers, (to) secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I / We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants.

I / We 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.

I / We acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

I / We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of those activities.

I / We understand and agree that this is a part of the school program. I / We also understand that as a result of participating in this program that the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I / We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate being aware of all the foregoing.

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/GuardianSignature \_\_\_\_\_

Ph# \_\_\_\_\_