

School Activity Consent Form



Name of school: _____

The Regional Centres for Education (RCEs) and Conseil scolaire acadien provincial (CSAP) are committed to obtaining informed consent for school activities. This form is the responsibility of the RCEs/CSAP and each school.

Please carefully read this form and clarify any concerns with school staff or the school principal before signing on the last page. This form must be completed in its entirety, signed, and returned to allow the student to participate in the activity described below.

Privacy Notice: The information on this form is protected under Nova Scotia privacy laws and will only be used and accessed by authorized school staff for the purpose of this activity. The information will not be disclosed to anyone else unless it is authorized or required by law, or if you give the school written permission.

1. Activity Description (to be filled in by staff): _____

- Date(s) (dd/mm/yyyy): _____ Time: _____ to _____
- Transportation arrangements: _____
- Supervision (number of chaperones to students ratio): _____ chaperones to _____ students
- Required skills and competencies (what students need to know or be able to do): _____
- Required equipment and clothing: _____

Please connect with the school if there are questions or barriers to any of the above.

2. Activity Risks (to be filled in by staff)

3. Risk of Accident

Accidents can result from the nature of this activity and can happen with or without any fault of the student, school, RCE/CSAP or its employees, agents, or authorized volunteers, or the facility where the activity is taking place.

I am aware of the usual risks and danger involved in participation in this activity, including any noted above and of the possibility of personal injury, fatal injury, property damage, or loss. I accept the risk of an accident and the activity risks in section 2 and agree that this activity as described in section 1 is suitable for my child.

4. Health and Medical Information

- My child **does not** have any illness, allergy, or disability that prevents participation in this event.
- My child **has** an illness, allergy, or disability that could affect participation in this event.

Provide details of the above, or other concerns, and attach an additional page(s) if necessary: _____

5. Code of Conduct and Activity Site Rules and Regulations

My child and I understand that the School Code of Conduct applies when travelling to/from and during this activity. My child and I also understand that site rules and regulations are in place for this activity and my child agrees to follow these rules and regulations. I acknowledge that I have explained to my child that any prohibited actions may result in my child not being allowed to participate or continue in the activity.

6. Emergency Contact Names and Numbers

- 1. _____
- 2. _____

7. (A) CONSENT – Parent/Legal Guardian

In consideration of the above noted school offering (student name) _____ an opportunity to participate in the activity described on the date(s) noted in section 1,

- I give my consent** and acknowledge by my signature that my child may participate. I am 19 years of age or older and I have carefully read the contents of this consent form and have clarified any concerns with the staff at the school organizing the event, or the school principal, before signing this form. I understand that it is a binding legal document.
- I do not give consent** for my child to participate in this activity and acknowledge by my signature that I have reviewed this form. I understand that if I do not provide consent for my child to participate in this activity that arrangements will be made for my child to remain at the school during school hours and my child will not be penalized for non-participation.

Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date (dd/mm/yyyy)
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7. (B) CONSENT – Students Over the Age of 16 Who Do Not Have a Parent or Legal Guardian to Consent

In consideration of the above noted school offering me, (student name) _____, an opportunity to participate in the activity described on the date(s) noted in section 1,

- I give my consent** and acknowledge by my signature that I wish to participate, and that anywhere on the form that refers to "your child" or "my child" refers to myself. I am 16 years of age or older and I have carefully read the contents of this consent form and have clarified any concerns with the staff at the school organizing the event, or the school principal, before signing this form. I understand that it is a binding legal document.
- I do not** wish to participate in this activity and acknowledge by my signature that I have reviewed this form and that arrangements will be made for me to remain at the school during school hours and I will not be penalized for non-participation.

Name of Student	Signature of Student	Date (dd/mm/yyyy)
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In my professional judgment, I believe (student name) _____ is capable of consenting to participate in the activity outlined on this form.

Name of Teacher/Principal	Signature of Teacher/Principal	Date (dd/mm/yyyy)
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