

The Glenfir School

PARENTAL CONSENT FORM FOR OUT-OF-CLASSROOM PROGRAMME

Parent/Guardian:

Please read the information below that pertains to the out-of-classroom programme in which your son/daughter is planning to participate. If your son/daughter has, or has had, any previous or current health problems which the supervising teacher(s) should know about, please give full particulars in writing or telephone the teacher to discuss it. Please complete this permission form as indicated and have your son/daughter return it to the supervising teacher as soon as possible.

OUT OF CLASSROOM PROGRAMME PARTICULARS

Date: Friday, March, 7th 2008 **Time:** Depart 11:00am/return 3:15 PM

Destination: Hike near Skaha Bluffs.

Method of Transportation: School bus and hike

Financial Arrangements: Cost to be covered by TGS: transportation 100%

Nature and Purpose of the Programme: Outdoor Education/ Hypothermia Prevention

Requirements: Suitable clothing for hiking. Proper shoes. Layers. Hat. Gloves. Proper jacket. Sunglasses and sunblock if sunny. No jeans. No running shoes.

Lunch will not be provided

Attire: See above.

Supervising Teacher(s) and Parents: Mr. Korvin, Ms. Nelson, Mr. Bakx, Mr. Mike Biden (instructor)

Deadline for submission of permission form: Thursday, March 6, 2008

Parent/Guardian Telephone: _____

(home)_____ (bus.)_____ (cell)_____

BC Health Card No.: on file

Medical /Health issues: _____

Emergency Contact Number if different than above: _____

(*Please read and sign back or this form also)

The undersigned hereby releases The Glenfir School, its respective directors, officers and employees of and from any and all claims whatsoever arising or which may arise by reason of the Child's participation in the Field Trip including any claims due to personal injuries or illness excepting any such claim resulting from and/or arising out of the gross negligence of The Glenfir School, its respective directors, officers or employees.

Should the Child suffer injury or illness while on the Field Trip, the undersigned hereby authorizes any representative of The Glenfir School and, in particular, any teacher accompanying the Child to authorize such medical attention for the Child as may be deemed appropriate by said representative of TGS in the circumstances. The undersigned agrees to bear the costs of all medical care and procedures required by the Child. The undersigned also agrees to maintain appropriate medical insurance coverage for the Child while on the Field Trip.

The undersigned hereby releases TGS, its respective directors, officers and employees from any claim arising out of any medical treatment the Child may require.

The undersigned acknowledges that should the Child fail to keep and obey all rules and regulations prescribed by TGS, its respective directors, officers and employees, while participating in the Field Trip, TGS may, in its sole and absolute discretion, terminate the Child's participation in the Field Trip without refund for the cost of the Field Trip. In the case of a day trip, it is unlikely that the Child would be returned to the school. Were this to occur, the Child would return in the company of a member of the faculty. In the case of an overnight trip, the undersigned will be contacted in advance by a member of the faculty to make the necessary arrangements to ensure that the Child is properly supervised on the return trip home. Any additional costs incurred by reason of the termination of the Child's participation in the Field Trip and/or as a result of the Child being sent home will be the responsibility of the undersigned.

Parent/Guardian, please complete the following portion of this form:

_____ I hereby give my permission _____ I DO NOT give my permission

for my son/daughter _____ to participate in the outdoor education hike near Skaha Bluffs on March 7, 2008.

I have read and agree with the above consent.

Date: _____ Signature of Parent or Guardian: _____