

PARENTAL CONSENT FORM

(SCHOOL) Outing Club
Morse Mountain Preserve Day Hike
(DATE)

The purpose of this form is to enable the school to ensure that optimal staffing is provided, the specific needs of student participants are met, and the safety and well being of each participant can be maximized. Details on these forms will remain confidential to school and volunteers associated with supervising and leading this activity.

Separate Health forms, consistent with those required for athletic participation, must be completed for each person attending. For safety reasons, please provide us with information that is accurate and complete.

Parental Consent

I agree to my child taking part in the trip as described on the attached sheet and have read the information sheet and equipment list. I agree to their participation in the activities described. I acknowledge the need for them to behave responsibly by following all school and trip rules and requests made by the trip leaders. I understand that transportation for this trip will be by school bus. I understand that the trip starts at (SCHOOL) at (TIME) on (DATE) and ends there at approximately (TIME) on that day, and that leaders will assume responsibility for students during that period of time.

Acknowledgment of Risk

I have read the trip information sheet and I understand that there are risks associated with involvement in outing club activities and these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimize those hazards. I understand that my child has been informed of safety procedures, including their responsibility to bring required clothing and equipment. I will do my best to ensure that my child follows these procedures.

I know that I am able to ask questions of the school about the trip my child will be involved in to gain a better understanding of the risks involved. I recognize that participation in these trips is voluntary and not mandatory. My child and I both understand that they may withdraw from the trip if they feel at risk. This must be done in consultation with the person in charge. I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

Please note medical or dietary restrictions or concerns:

Emergency contact information on day of trip:

Student Name _____

Parent Name _____

Signed _____

Date _____

Please return this form no later than (DATE)