



**APPENDIX D**  
**School Activity/ Trip Permission Form**  
**(Completed for each school activity/Field Trip)**

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

**Type/Date of School Activity/Trip:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Section A:**

I hereby agree to allow my child \_\_\_\_\_ to participate in the school activity/trip indicated above. I acknowledge that my child is healthy and well enough to travel/participate in the above noted activity.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Section B:** (To be completed when private vehicles are used)

I hereby give permission for my child \_\_\_\_\_ to travel to the above noted activity by parents in private vehicles as organized through the school. I am aware that all drivers and vehicles used follow the regulations in Policy IJOAB (A) (Student Travel).

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Section C:** (Student Insurance Options for out of province travel)

Please choose one of the following options.

\_\_\_\_\_ I agree to purchase the travel insurance offered through the School District (currently Axa Assurances Inc. at a rate of \$2.75 per student per day).

\_\_\_\_\_ I do not wish to purchase the travel insurance offered through The School District. My child is covered through a personal Family Plan. Please indicate name and # of plan: \_\_\_\_\_



## APPENDIX C

### Student Travel / Emergency Medical Consent Form

To be completed by parent/guardian and copies kept on file in Principal's Office prior to student travel.

#### STUDENT DATA

NAME:

\_\_\_\_\_

LAST NAME

\_\_\_\_\_

FIRST

\_\_\_\_\_

MIDDLE

ADDRESS:

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

PROVINCE

\_\_\_\_\_

POSTAL CODE

\_\_\_\_\_

TELEPHONE

BIRTH DATE:

\_\_\_\_\_

DAY

\_\_\_\_\_

MONTH

\_\_\_\_\_

YEAR

\_\_\_\_\_

GRADE

#### MEDICAL INFORMATION

PLEASE SPECIFY ANY OF THE FOLLOWING:

ALLERGIES:

\_\_\_\_\_

MEDICATIONS:

\_\_\_\_\_

DIETARY CONCERNS:

\_\_\_\_\_

OTHER:

\_\_\_\_\_

MCP#: \_\_\_\_\_ MCP Expiry Date: \_\_\_\_\_

DOCTOR:

\_\_\_\_\_

NAME

\_\_\_\_\_

TELEPHONE

**PARENT / GUARDIAN DATA**

NAME:

\_\_\_\_\_

LAST NAME	FIRST	RELATIONSHIP
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TELEPHONE:

\_\_\_\_\_

HOME	WORK
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**ALTERNATE CONTACT DATA**

CONTACT:

\_\_\_\_\_

LAST NAME	FIRST	RELATIONSHIP
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TELEPHONE:

\_\_\_\_\_

HOME	WORK
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**PERMISSION / AGREEMENT**

Your signature below indicates that you agree to the following conditions.

I, the undersigned parent/guardian of the above-named student:

- agree for him/her to participate in this school trip.
- hereby authorize the teacher(s) in charge of this trip to secure medical advice as may be deemed necessary for the health and safety of my daughter/son/ward.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



## APPENDIX A

### Private Vehicle Approval Form (Can be completed once per school year)

Eastern School District requires adult drivers that use a private vehicle to transport students to school related events to sign confirming each of the following:

1. A valid driver's license
2. Current insurance that includes a minimum of \$1,000,000 Public Liability (Note: \$1,000,000 public liability required but \$2,000,000 recommended)
3. Accident Benefits
4. A licensed vehicle in safe running order that is equipped with snow tires during the winter driving season. (November 1 – April 30)
5. The adult has contacted his/her insurance company to confirm that transportation of students to such activities does not violate his/her insurance policy.
6. The occupant limit of the vehicle does not exceed the number of seatbelts.
7. The adult (if not an employee) is registered as an official volunteer with the school following the procedures outlined in the Volunteers Policy (Policy IJOC) and, given the status of a High Risk Volunteer, has submitted an acceptable Certificate of Conduct from the RNC/RCMP to the Principal. (Including a Vulnerable Sector Check)

The following is to be completed by the adult driver:

Name of adult driver: \_\_\_\_\_

Vehicle:      Make/Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**I declare that I have complied with all 7 requirements outlined by the School District above regarding the transportation of students and agree to inform the District of any accident arising out of the use of the above licensed vehicle involved in transportation of students to a school event. I agree to notify the school Principal immediately for any reason after completion of this form that any concerns arise concerning the safe running of the named vehicle.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is to be completed and kept on file with the Principal prior to any transporting of students by the operators of private vehicles.**