

DUNCAN CRAN ELEMENTARY SCHOOL
2009-2010 Consent Forms
(Curricular/Co-Curricular/Extra-Curricular Activities)

NAME OF STUDENT: _____ DATE OF ACTIVITY: Nov 23,24,25,26,27

SUPERVISOR (S): Ms McGarroch

COST: No Cost

ACTIVITY: Red Cross Swimming Program

ACTIVITY ITINERARY: Students will leave Duncan Cran at 9:00 am: be in the pool to start instruction at 9:30 until 10:30 and will be back at Duncan Cran by 11:00 am

TERMS AND CONDITIONS:

I, _____, parent/guardian to the above-named student agree to the following terms and conditions.

1. I am aware of the risks involved and consent to him/her taking part in all phases of this activity.
2. Mode of travel: school bus
3. I understand he/she will be leaving at the above noted times.
4. He/she has the following medical condition that the Teacher/Supervisor should be aware of:

5. He/she is hereby authorized to carry and take, as necessary, the following drugs/medications without the supervision of the Teacher/Supervisor:

6. Should a medical emergency arise, I authorize the Teacher/Supervisor to secure such Medical Advice or Emergency Surgery or Services as may be deemed necessary for the health and safety of him/her. (Note: Every effort will be made to contact a parent/guardian).

Family Physician: _____ Carecard Number: _____

Emergency Contact Name: _____

Emergency Telephone #: _____ Alternate Telephone #: _____

LIMITATIONS TO LIABILITY FOR PERSONAL PROPERTY LOSS OR DAMAGE

Students should not bring expensive or fragile personal property with them on this activity. Students are liable for the safeguarding of their personal property. The School Board does not assume responsibility for any damages or losses that might occur while the student is participating in a District authorized activity outside of the normal school setting.

Date

Parent/Guardian Signature