



# Summer School

# 2010

## SUMMER SCHOOL FIELD TRIP PARENT CONSENT FORM PHYSICAL EDUCATION 10

To Parent(s) or Guardian(s):

Please read the contents of this consent form before signing it. Clarify any concerns with a **Harry Ainlay High School** administrator before signing. In order for your child to be registered in the summer school Physical Education program, please sign this consent form and **return to the Physical Education 10 teacher on the first day of class.**

### Description of the Field Trip(s):

There will be no off campus activity on the first day of summer school. On the first day of class, your son/daughter will receive a course outline/time line identifying the specific off campus activities planned in order to meet the goals of the curriculum. Students are expected to use the transportation provided by the school.

Phys. Ed. 10 activities will include a variety of activities. It is required to be able to participate in all activities. Student Accident Insurance is a parental responsibility.

- Please rate your child's swimming ability: \_\_\_\_\_ beginner \_\_\_\_\_ average \_\_\_\_\_ very good

### Description of Supervision:

- ❖ An administrator in charge of Summer School may be reached daily at 780.413.2700.
- ❖ Teacher assigned will be identified on the first day of class.
- ❖ All students in the class (approximately 30) are expected to attend. The teacher will provide supervision.
- ❖ Physical Education teachers will have first aid training.
- ❖ In the event of an injury or illness, emergency response to be followed by supervisory staff may include the following:
  - Assessment of the situation and provision of first aid as necessary
  - Decision to involve emergency response teams (paramedics, etc.)
  - Contact with parent/guardian/emergency contact (when possible)
  - Decision to proceed with emergency assistance and necessary medical treatment

Consent and Authorization – Please read and complete the following information and return this form to the school.

I have read the description of the field trips and arrangements for supervision, and consent to the participation of the student named below. I authorize any of the adult supervisors on the field trip to consent to any medical attention the name student may require, and to make any arrangements they feel are required for transportation (for example, transport by ambulance). I assume all responsibility for the costs of such special transportation.

Physical Education 10 \_\_\_\_\_ Session 1 (July 5 to 15) \_\_\_\_\_ Session 2 (July 16 to 28)

Student's Name: \_\_\_\_\_  
Last Name First Name (please print)

Student's Alberta Health Care Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last Name First Name (please print)

Parent/Guardian Daytime Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_