



CONSENT OF VOLUNTEER AND ACKNOWLEDGEMENT OF RISK FORM B (HIGHER CARE OUTINGS)

PROGRAM/ACTIVITY INFORMATION (Read attached Program/Activity Information prior to reading and completing this form)

Volunteer Name: _____ Phone Number: _____ E-mail: _____
 Program/Activity: _____ Date (s): _____ **OR**
 Series Of Off-Site Activities (Specify Program): _____
 Lead Teacher: _____ Phone: _____ E-mail: _____

BOARD EXPECTATIONS FOR VOLUNTEERS

Volunteers are an important part of the leadership team for an off-site activity and are expected to:

a) Review and comply with relevant board policy.	e) Support and follow the school code of conduct.
b) Have qualifications appropriate for the off-site activity.	f) Report any inappropriate conduct to the lead teacher.
c) Know the details of the off-site activity and their specific duties, responsibilities and authority prior to departure.	g) Adhere to the schedule or itinerary.
d) Exhibit positive behaviour and be an acceptable role model	h) Dress appropriately for the off-site activity.

POTENTIAL KNOWN RISKS

Potential known risks include the following:



CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program: _____ Date: _____

- I accept the mode of transportation for this activity.
- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
- I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
- I understand that as a volunteer, I am covered by liability insurance but not covered under WorkSafe BC (WSBC) Insurance.
- I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
- I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.
- I understand that I am obliged to keep confidential any student personal information (in particular health information) that is disclosed to me by the school, except as required for the purposes of discharging my obligations on the off-site activity.
- I acknowledge that the board may choose to cancel the trip if travel conditions are dangerous for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
- I acknowledge that the trip supervisors may secure such emergency medical services (e.g., ambulance) as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services.
- I understand, acknowledge and consent to the above as described herein.

Date: _____ Name (*Please print*): _____ Signature: _____
 Parent/Guardian consent (if under 18 years of age): _____

OFF-SITE EXPERIENCE/ACTIVITY EMERGENCY MEDICAL INFORMATION (Attach a separate page if more space is needed)

Volunteer Name: _____ Birth Date (optional): _____
 BC Medical Services Plan Personal Health No.: _____
 Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) (specify): _____
 Reaction to above _____ Carries Epi pen? Yes No Carries Ana Kit? Yes No
 Medical/Physical conditions that may affect participation in the program/activity (e.g., recent illness/injury, chronic conditions, phobias)

 Specify the condition(s) and requirements for program modification or specific activities you should not do:

 Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

 Other Health/Medical/Dietary Concerns:

 Emergency Contacts:
 1) _____ Phone: (H) _____ (W) _____ (C) _____
 2) _____ Phone: (H) _____ (W) _____ (C) _____