

ST. JAMES-ASSINIBOIA SCHOOL DIVISION IJOA-E-1

SCHOOL NAME:	MISSION FORM FOR EDUCATI	ION TRIPS (Students under 18 years of ag
Description of Activity:		
Description of Transportation:		
Date of Activity:		_
THIS FORM MUST BE READ AND SIGNED OR GUARDIAN OF A PARTICIPATING STU		HES TO PARTICIPATE AND BY A PARENT
Elements of Risk: Educational activity programs, such as the al participating in these activities. Following are activity. There may also be risk of other type	e examples of the types of injuries p	
1.		
2.		
3.		
	where the activity is taking place. E e injured. By signing this consent f	ccur without fault of either the student or the By choosing to take part in this activity, you are form you indicate that you understand that your
The chance of an injury occurring can be re	duced by carefully following instruc	tions at all times while engaged in the activity.
at school, involved in school activities on or	away from the school premises and bes not, however, replace voluntary rance. e.g. Voluntary Reliable Life S	which ensures coverage for all students while d while traveling to or from school or a school student accident insurance. Parents may want Student Accident Insurance which would
	rol of the school division. The School	It that students are stranded or delayed due to ol and Division also do not assume any financial ol and Division strongly recommend parents
For field trips outside Manitoba, students m transportation) along with travel health insur		ded health coverage (dental and ambulance
	ITY OF WINNIPEG AND AFTER THE I	TIONAL AND CULTURAL ACTIVITIES WITHIN THE REGULAR SCHOOL DAY, ARE EXEMPT FROM A
Acknowledgement:		·
We, (Parent/Guardian's Name)	(Student's Name)	understand and accept the above and
hereby give permission for(Student's Name	to participate in the	e activity described above.
Name of Student: (Print)	Signature:	Date:
Name of Parent/Guardian : (Print)	Signature:	Date:
(Print) APPROVED 80/05/27; REV. May 26/11 Motion 1	0-02-11	

** PARENTS MUST FILL OUT A NEW MEDICAL FORM (IJOA-E-13) <u>ANNUALLY</u>, WHICH WILL BE KEPT ON FILE FOR THE SCHOOL YEAR. PARENTS MUST NOTIFY SCHOOLS IN WRITING OF ANY CHANGES TO THEIR CHILD'S MEDICAL INFORMATION DURING THE COURSE OF THAT YEAR.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act, and will be used and disclosed for the purpose of participating on school trips. If you have any questions about the collection of this information contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.