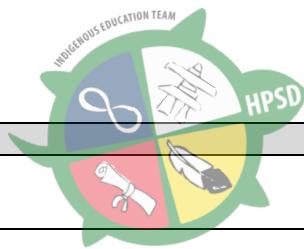


LAND-BASED LEARNING CONSENT



Activity Information	
Activity Name:	
Date:	
Location: This learning will take place in/at:	
Time: Students will be bussed from the school at _____ and return to the school by _____.	

Background	
<p>The learning will begin in the classroom with a pre-teaching lesson to prepare all students for their site-based experience. To participate fully in all the cultural teachings, students may need to handle small amounts of tobacco to perform the required Protocol. Those not performing the protocol will observe only.</p>	

Risks											
<p>All site-based safety aspects have been evaluated by the divisional Safety Coordinator.</p> <table> <tr> <td>RISKS</td> <td>CONTROLS</td> </tr> <tr> <td>Slips, trips, and falls</td> <td>Proper footwear/no running</td> </tr> <tr> <td>Bus accident</td> <td>Professional driver, route planning</td> </tr> <tr> <td>Weather - cold/hot</td> <td>Appropriate clothing: toque, mittens, ski pants/sunscreen and hat</td> </tr> <tr> <td>Allergic reaction</td> <td>Administrative Procedure 195 – let the school know about any allergies</td> </tr> </table> <p>Some trips may require students to handle sharp objects such as knives, fishhooks. Students may only handle knives if the corresponding pre-teaching has been completed.</p>		RISKS	CONTROLS	Slips, trips, and falls	Proper footwear/no running	Bus accident	Professional driver, route planning	Weather - cold/hot	Appropriate clothing: toque, mittens, ski pants/sunscreen and hat	Allergic reaction	Administrative Procedure 195 – let the school know about any allergies
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Allergic reaction	Administrative Procedure 195 – let the school know about any allergies										

Sign below, keep top section, and return the bottom section to the school by _____

Consent			
<p>I give permission for _____ to attend the Land-Based Inquiry Field Trip at/on _____ on _____</p> <p>Location _____ Date _____</p>			
<p>My child has allergies <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list any allergies and immediate treatment:</p>			
<p>My child has dietary restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>			
<p><input type="checkbox"/> I do <u>not</u> want my child to take part in occasional sampling of wild game such as moose, deer, elk, locally caught fish or fowl.</p>			
<table> <tr> <td>Name of Parent/Guardian: (Please print)</td> <td>Signature:</td> </tr> </table>		Name of Parent/Guardian: (Please print)	Signature:
Name of Parent/Guardian: (Please print)	Signature:		
Home:	Work:		
Emergency:			