


		<b>Form</b>	
		<b>Educational Trip Parent/Guardian Waiver/ Consent Letter Template</b>	
	<b>Saskatchewan Distance Learning Centre (Sask DLC)</b>  <b>Main Office:</b> <b>Box 370, Kenaston, SK S0G 2N0</b> <b>Phone: 306-252-1000</b> <b>www.saskDLC.ca</b>	Reference	AP for Excursion Trips
		Department	Student Programs
		Approved by	Leadership Council
		Date Approved	February 5, 2024
		Level	Local Campus
		Submit to	Campus Administrator
		When	Prior to the trip

<b>Student Name</b>		<b>Grade</b>	
<b>Student Cell Phone</b>			
<b>Guardian's Name(s)</b>			
<b>Address</b>			
<b>Home Phone</b>		<b>Guardian #1 Work Phone</b>	
<b>Guardian #1 Cell Phone</b>		<b>Guardian #2 Cell Phone</b>	

<b>School Name</b>			
<b>Teacher Group Leader(s)</b>			
<b>Name of Educational Trip, including Location(s)</b>			
<b>Date(s) of Activity/Trip</b>			

I, being the parent/guardian of a student who is participating in the above-described educational trip, hereby give permission that this student, named above, may participate in the activity/trip. I have read the attached memo which sets out the details of the activity/trip.

I hereby acknowledge that I have taken steps to inform myself as fully as possible concerning the details of the activity/trip my child will be taking and of the dangers facing participants of such activity/trip, including the risk of physical injury, minor or serious.

I accept that it is the participating student's responsibility to abide by Sask DLC Student Code of Conduct and those rules set out for this activity/trip, and if applicable, the laws of the country and all places to which this student travels. I agree that the supervisors of the activity/trip may require the student to return home if a breach of those rules occurs and I agree to be responsible for and pay any and all costs that may arise. I hereby agree that I will accept full responsibility for any damage, injury or loss caused to persons or property arising out of the conduct of this student.

I hereby agree that the Sask DLC or its employees, servants, or agents shall not be liable for any injury that this student shall suffer, or loss of damage to any personal property arising from, or in any way resulting from

participation in these activities, unless such injury, loss or damage is caused by the sole negligence of the Sask DLC or its employees, servants or agents while acting within the scope of their duties.

I understand that there are potential risks associated with the travel and the physical demands of the trip and I hereby warrant that this student is physically fit to participate in the trip and all activities planned during the activity/trip.

Any medical information relevant to this student, including the names and dosages of any prescription or non-prescription medications required by this student as follows:

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I declare having read and understood the above WAIVER AGREEMENT in its entirety and hereby agree to participate acknowledging the foregoing.

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**Guardian's Signature**

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**Date**

I agree to the conditions set out above which have been explained to me by my guardian/s.

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**Student's Signature**

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**Date**

I also authorize the teacher/group leaders to secure medical advice and services as may be deemed necessary for the health and safety of my child:

- Where the health and well-being of this student is involved.
- Where medical advice has been obtained and normally the consent of the guardian is required.
- Where all attempts to contact the guardian have failed or where due to the nature of the emergency there is insufficient time to contact such guardian. It shall be at the discretion of the teacher(s) as to what steps must be taken for the welfare and safety of the student.

#### Emergency Contact

<b>Guardian's Name</b>			
<b>Student's Health Card Number</b>			
<b>Work Phone</b>		<b>Home Phone</b>	
<b>Family Doctor</b>		<b>Doctor's Phone</b>	

I have read and provided the necessary information to the teacher group leader(s) and give our consent for this student to travel with and be in their care for the duration of the educational trip.

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**Guardian's Signature**

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**Date**