Consent of Volunteer and "Acknowledgement of Risk": "A" or "B" Off-Site Activity/ies

PLEASE READ CAREFULLY

VOLUNTEER NAME: _____ **SCHOOL:** ***Wildwood School***

1. I will be given the opportunity to participate in the following program, activity and/or series of activities referred to in Schedule A.

2. **The Calgary Board of Education's Expectations for Volunteers**

Volunteers are part of the supervision of an off-site activity and are expected to:

- Review and comply with the requirement of Policy 5003 – Volunteers (available at: cbe.ab.ca)
- Have qualifications appropriate for the off-site activity
- Are expected to know the details of the off-site activity and their specific duties and authority prior to departure
- Exhibit positive behaviour and be an acceptable role model
- Must support and follow the school code of conduct
- Report any inappropriate conduct to the teacher-in-charge
- Adhere to the schedule or itinerary
- Dress appropriately for the off-site activity
- Fulfil their duties as supervisors for the duration of the off-site activity, including evening and weekends

Consent and Acknowledgement of Risk

3. I am satisfied that I have been informed of my right to obtain as much information about this program, or activity as I feel necessary, including information beyond that provided to me by the school or Board to the extent that I require and am not, in any way, relying solely upon information provided by the Calgary Board of Education (CBE) respecting the nature and extent of the risks and hazards associated with the program or activity.

4. I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that I, as a volunteer, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.

5. If required I will participate in any preparatory and post sessions associated with this activity or program.

6. I acknowledge that it is my responsibility to advise the CBE of any medical and health concerns as well as dietary restrictions that may affect my participation in the stated program or activity. I consent to the sharing of such information by the CBE with the Service Provider(s) and all of their respective applicable personnel and applicable professional medical personnel as reasonably required.

7. I acknowledge and agree that the CBE and/or the Service Provider may take any actions they deem necessary for my safety, health and well-being and, in the case of a medical emergency, may seek professional medical treatment and/or may transport or arrange to transport me for emergency medical care, at my expense. **Schedule B to this Consent is a Medical Information form that I shall complete, sign and return with this form to the** CBE and I warrant that the information contained therein concerning me is complete and up to date.

Date	Volunteer Name (please print)	Volunteer Signature

Schedule A: Program/Activity Information

Teacher In Charge:	Jorgensen, Grant N
Service Provider(s):	Wildwood Community Association

Activities

Activity	Location/Destination	Departure (dd/mm/yy)	Return (dd/mm/yy)
Skating	Wildwood Community Association Ice Rink	08/01/24	08/01/24
Skating	Wildwood Community Association Ice Rink	09/01/24	09/01/24
Skating	Wildwood Community Association Ice Rink	10/01/24	10/01/24
Skating	Wildwood Community Association Ice Rink	11/01/24	11/01/24
Skating	Wildwood Community Association Ice Rink	12/01/24	12/01/24

Risks/Hazards

Source	Risk
Ice skating	Collisions with objects and others
Ice skating	Inherent risk of activity
Ice skating	Weather conditions
Ice skating	Slip or fall on ice
Campfire	Burns from campfire
Entire trip	Slips, trips and falls
Entire trip	Pre-existing medical conditions
Entire trip	Possibility of a student being filmed or photographed
Phys Ed Activities	Dehydration
Phys Ed Activities	Sport-specific injuries

Schedule B
IMPORTANT - Medical Information for Volunteers

Medical Information: (Teacher-in-Charge will have this information during the Off-Site Activity/ies in a sealed envelope. It will only be accessed to address health and medical needs including emergencies and may be shared with Emergency Medical Services. If not needed, this form will be returned to you or destroyed.)	
Activity: Skating, Skating, Skating, Skating, Skating	Date(s): 08/01/24, 09/01/24, 10/01/24, 11/01/24, 12/01/24
Volunteer Name:	Date of Birth (yy/mm/dd):

Drug Allergies?	☐No ☐Yes Specifics/Severity:
Food Allergies?	☐No ☐Yes Specifics/Severity:
Insect Allergies?	☐No ☐Yes Specifics/Severity:
Other Allergies?	☐No ☐Yes Specifics/Severity:

Are you under any form of treatment for an illness, condition or injury? (including Asthma)	☐Yes ☐No	If "yes", please elaborate. Include activities to be restricted or modified.

Please fill out the medication names and details for administering them: (if more space is required please attach additional information)

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

Medication storage requirements:

Medical Treatment Restrictions (if any) e.g. blood transfusions: _____

Dietary Restrictions (if any): _____

Additional Instructions/Information: _____

Emergency Contact 1:

Name: _____

Home: _____

Mobile: _____

Work: _____

Emergency Contact 2:

Name: _____

Home: _____

Mobile: _____

Work: _____

The above Medical information is accurate to the best of my knowledge.

Date _____ Volunteer Name (please print) _____ Volunteer Signature _____

Personal information is collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) and the Education Act. This information will be used to see if the candidate(s) meet the criteria and will be treated in accordance with the privacy protection provisions of the FOIP Act. If you have any questions about the collection, contact your School Principal or Corporate Risk Management at 403-817-7407.