



Complete this form to authorize participation in an Off-Campus Education program. It must be completed by a parent, legal guardian or independent student. Please read carefully. Consent is required pursuant to the *Education Act* and any applicable CBE Administrative Regulation(s) governing Off-Campus Education.

Off-Campus Education Program Name:	Program Provider:

Student Legal First and Last Name: _____

My child, or I, an "Independent Student" under the *Education Act* (in either case, the "Student"), consent to the participation of the Student in the off-campus education program (the "Program"), including any practicum or workplace training that is part of the Program or ancillary to it organized by The Calgary Board of Education ("CBE") with the Program Provider.

In consideration of the CBE accepting the Student as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. I agree, for myself and on behalf of the Student, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants, and the Program Provider and its respective directors, governors, officers, employees and agents (collectively, the "Releasees") from any claims, actions, demands, losses, damages, liabilities and costs ("Losses") that I or the Student may incur arising from or in connection with the Program, except to the extent that such Losses arise directly from the negligence or wilful acts or omissions of any of the Releasees.
 - a) Without limiting the foregoing, the Releasees shall not be responsible for any consequential, incidental, special or punitive Losses incurred by me or the Student arising in respect of the Program.;
 - b) I further agree, for myself and on behalf of the Student, to release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to acts of god, war, strikes or government restrictions, terrorist activities, strikes or work stoppages, or the acts or omissions of any other organization or individual, over whom the releasees have no direct control.
 - c) I agree, for myself and on behalf of the Student, to pay or reimburse the Releasees for any Losses arising from any acts or omissions of the Student in connection with the Program resulting or arising from failure to comply with any directions, instructions, or requirements of any of the Releasees.
3. I agree, for myself and on behalf of the Student, to release the Releasees and each of them from any Losses that I and/or the Student may incur arising from and during the course of transportation to and from the location(s) of the Program, including while embarking or disembarking from any mode of transportation. I confirm and acknowledge that any injury, damage or Losses during such transportation will not be compensated by the Releasees.
4. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.

5. I freely and voluntarily acknowledge and assume, for myself and on behalf of the Student, all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown. Without limiting the foregoing, I acknowledge that part of the Program may involve the placement of the Student by the Program Provider in "practicum" assignments that involve workplace interactions with members of the public and workplace environments, and may require compliance with applicable workplace health and safety requirements (for example, if a practicum assignment is with a veterinarian health care facility, the Student will interact with members of the public who own animals and may be required to obtain vaccinations/inoculations in order to participate in the practicum). I agree, for myself and on behalf of the Student, to assume the risks, whether foreseeable or unforeseeable, arising from participation in any such practicum or workplace placement as part of the Program.
6. I acknowledge that participation in the Program is conditional upon compliance by the Student with all applicable CBE policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or the Student, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to attend such preparatory sessions and meetings may result in the exclusion of the Student from the Program by the CBE.
7. If the Student becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem reasonably necessary for the health, safety, and well-being of the Student, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
8. **I confirm that I have completed the medical information form attached as Schedule A.** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel, where reasonably required. I have disclosed any known medical information that may affect the Student's participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept the Student for or may remove the Student from participation in the Program as a result of any medical condition, as reasonably determined by the CBE or the Program Provider.
9. I understand that I am solely responsible for any illegal activities of the Student during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
10. I confirm that this form shall be binding upon me and, where applicable, upon the other parent or legal guardian of the Student and upon the Student. If the other parent or guardian of the Student shall commence any action or claim against any of the Releasees in respect of the matters herein, notwithstanding the provisions hereof, I agree to indemnify and hold harmless the Releasees from any Losses incurred by any of the Releasees.
11. I confirm I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
12. I confirm that this Consent is governed by the laws of Alberta and applicable laws of Canada.

Consent of Parent, Legal Guardian or Independent Student

Printed Name

Signature

Date (MM/DD/YYYY)

SCHEDULE A – MEDICAL INFORMATION

Important

The CBE and Program Provider / employer will have a copy of this information during the Off-Campus program to address health and medical needs including emergencies and may share this information with others as deemed necessary. Only include information that is relevant to the safety and well-being of the Student while working or participating in the Program. If there is no information to be shared, indicate not applicable, and still sign and return this medical information form.

Must be completed by a parent, guardian or independent student

Off-Campus Education Program Name:	Program Provider:

Student Name: _____

Date of Birth (MM/DD/YYYY): _____ **Epinephrine Autoinjector (EpiPen):** No Yes

Drug Allergies: No Yes. If yes, specifics / severity: _____

Food Allergies: No Yes. If yes, specifics / severity: _____

Insect Allergies: No Yes. If yes, specifics / severity: _____

Other Allergies: No Yes. If yes, specifics / severity: _____

Is the student under treatment for an illness, injury or condition? (including Asthma) No Yes. If yes, describe.
 Include activities to be restricted or modified: _____

Medication – describe the medication and how it is taken. If more space is needed, attach information.

Name of Medication	Reason (optional)	Dosage	How Often	Time of Day

Medication Storage Requirements: _____

Are there any known side effects to above medication(s)? No Yes. If yes, describe: _____

IMPORTANT: Do you have any concerns about the Student’s mental health or emotional readiness in relation to this Program? (e.g., anxiety, depression, fear, etc.) No Yes. If yes, describe: _____

IMPORTANT: Do you have any other concerns about the Student’s physical health in relation to this Program? (e.g., injuries, etc.) No Yes. If yes, describe: _____

Medical Treatment Restrictions (if any) e.g., blood transfusions: No Yes. If yes, describe: _____

Dietary Restrictions (if any): No Yes. If yes, describe: _____

<p>Emergency Contact 1</p> <p>Name: _____</p> <p>Cell Phone: _____</p> <p>Other Phone: _____</p>	<p>Emergency Contact 2</p> <p>Name: _____</p> <p>Cell Phone: _____</p> <p>Other Phone: _____</p>
--	--

Administration of Medication and Supports

In compliance with The Calgary Board of Education (“CBE”) Administration Regulation 6002 - Student Health Services, parents/legal guardians/independent students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. Unless indicated otherwise in the *Student Health Plan*, the CBE, its teachers and staff will not administer the medication or supports but during school activities, shall store the medication and supports and supervise the student in self-medicating. The parent/legal guardian/independent student shall notify the teacher of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

Please note that:

1. the provisions contained in this form are subject to the CBE's Administrative Regulation 6002, as amended from time to time (available for view on the CBE website) and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular *Student Health Plan* completed by the CBE with the parent/legal guardian/independent student.

Notwithstanding any of the foregoing, I agree that the medications (prescription/ nonprescription) listed on *Schedule A - Medical Information* are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken, unless indicated otherwise in the *Student Health Plan*. I, the parent, legal guardian or independent student, accept responsibility in all cases for any medication that is lost, stolen or damaged. I confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

Authorization of Parent, Legal Guardian or Independent Student

To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform the CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant.

I further hereby:

- a) agree that if the Student becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem reasonably necessary for the safety, health and well-being of the Student, including securing professional medical treatment. I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses; and
- b) acknowledge that the CBE does not make a medical assessment of the suitability of the Student for participation in the Program based on the information provided in this form, and that if the Student has or develops any medical conditions that may affect the Student's participation in the Program, I will advise the CBE immediately.

Printed Name

Signature

Date (YYYY/MM/DD)

Authorization for Collection of Personal Information

Personal information is collected under the authority of section 4(c) Alberta's *Protection of Privacy Act* (POPA) and the *Education Act*. This information is used for the purposes of assessing the Student's eligibility to participate in the Program, supporting the Student's health, safety, and well-being during participation, responding to identified medical or physical needs, and administering the Program. The personal information may be inputted into automated systems. It will be treated in accordance with the privacy protection provisions of POPA. If you have any questions about the collection, use, or storage of this information please contact your School Principal.