



**ISLAND CATHOLIC SCHOOLS OFF-SITE ACTIVITY(IES)
CONSENT OF PARENT/GUARDIAN AND ACKNOWLEDGEMENT OF
RISK FORM A (Local, Low-Risk Day Trip)**

School Name: Queen of Angels Catholic School

Date: November 25, 2025

Dear Parent(s)/Guardian(s):

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

***If the attached permission form is not signed and returned to the school by Friday, December 12, 2025 your child WILL NOT BE ALLOWED TO ATTEND, and will remain at school during the rehearsal.**

PROGRAM/ACTIVITY INFORMATION:

DESTINATION/ACTIVITY: **Cowichan Performing Arts Centre**

DATE(S): **Wednesday, December 17, 2025**

SERIES OF OFF-SITE ACTIVITIES (Specifically): N/A

PURPOSE OR EDUCATIONAL GOAL(S): **Christmas Concert Rehearsal**

ITINERARY/ACTIVITIES: **Daytime Rehearsal at Theatre (Time TBD)**

METHOD OF TRANSPORTATION: **Queen of Angels Bussing**

LEAD TEACHER (S): **Gord Higginson**

TOTAL NUMBER OF SUPERVISORS ATTENDING: **12+**

SUPERVISORY ARRANGEMENTS: **Students will always be monitored and stay together as a class**

COST TO THE STUDENT: N/A

OTHER CONSIDERATIONS, if any: N/A

SCHOOL RESPONSIBILITIES:

The School will make every reasonable effort to ensure or ascertain that:

- a) The staff, volunteers and/or service providers involved are suitably trained and qualified.
- b) The students are adequately supervised over all aspects of the program/activity.
- c) The location(s) used are appropriate and safe for the activity(ies) and group.
- d) Equipment used has been inspected and deemed appropriate and safe.
- e) A Safety Plan is in place to identify and manage known potential risks.
- f) An Emergency Plan is in place to deal with an injury or illness to any of the students.

POTENTIAL KNOWN RISKS:

Potential known risks include the following (taken from *Youth Safe Outdoors*): **Traffic Accident, Trip/Fall**

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

Additional Comments/Requirements:

Please complete and sign the attached page and return to the school by Friday, December 12th, 2025.

Sincerely,
Mr. Gord Higginson

Destination/Activity/Program: **Concert Rehearsal – Cowichan Performing Arts Centre**

Dates of rehearsal: **Wednesday, December 17, 2025**

1. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the School or Board.
2. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that, although unlikely, my child may suffer personal and potentially injury arising from his/her participation.
3. My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
4. In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
5. Beyond the information that school already possesses on my child, I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.
6. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
7. Based on my understanding, acknowledgement, and consents as described herein,

***Please list names of all your children grades Kindergarten through Grade 6**

(Name of Student) _____ Homeroom: _____

have my permission to participate in the above-mentioned activity.

Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Parent/Guardian contact phone numbers: 1st _____ 2nd _____

*Personal information contained on this form is collected for the purpose of participating in school trips.
If you have any questions about this form, please contact the school principal.*