



HORIZON SCHOOL DIVISION
Policy Code: HICA Attachment D
Volunteer Consent/Risk Acknowledgement Form

VOLUNTEER NAME: _____ SCHOOL: _____

1. Select either (i) or (ii) (to be completed by school)

- (i) I will be given the opportunity to participate in the following program or activity (please specify program):

- _____
- a) Name of the Service Provider (*If Applicable*): _____
- b) Location: _____
- c) Date: _____
- d) Teacher/Coach/Leader in Charge: _____

- (ii) I will be given the opportunity to participate in the following series of off-site activities for the following program (please specify program): _____

- a) See attached list of activities, dates, location, service provider, and supervisor in charge

2. Expectations for Volunteers

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

- Review and comply with the requirement of Policy GFA Volunteers;
- Have qualifications appropriate for the off-site activity;
- Know the details of the off-site activity and their specific duties and authority prior to departure;
- Exhibit positive behaviour, participate as a school team member and be an acceptable role model;
- Support and follow the school code of conduct;
- Report any inappropriate conduct to the teacher/coach/leader in charge;
- Adhere to the schedule or itinerary;
- Dress appropriately for the off-site activity;
- Fulfill their duties as supervisors for the duration of the off-site activity, including evening and weekends;
- Notify the principal of any new criminal charges at the time the charge is made, subsequent to #2 above;
- Maintain confidentiality to ensure that the dignity and worth of students, parents, volunteers and school staff is honored;
- Ensure that any information collected, used, generated and stored by Horizon School Division including student, instructional, financial, or administrative information is strictly confidential and not used beyond volunteer duties

3. Consent and Acknowledgement of Risk

- 3.1.** Potential hazards and risks of the off-site activity may include but are not limited to financial loss, illness, injury or death. I acknowledge the existence of known risks and potential unknown risks and I voluntarily assume the risks which may include but are not limited to: **(to be completed by school)**

- 3.2.** 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 Horizon School Division respecting the nature and extent of the risks and hazards associated with the program or activity.

- 3.3. 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.
- 3.4. If required, I will participate in any preparatory sessions associated with this activity or program.
- 3.5. I acknowledge that it is my responsibility to advise the Horizon School Division of any medical or health concerns which may affect my participation in that stated program or activity.
- 3.6. I consent that the Horizon School Division, through its employees, agents and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my health and safety and that I shall be financially responsible for such advice and services.

4. Volunteer Medical Information (for out of division overnight field trips)

4.1. Allergies: _____

4.2. Health/Medical Conditions (include signs/symptoms) indicating an emergency response is required and steps required in event of emergency related to this condition: _____

4.3. Medications Taken in relation 4.2 (Name, Reason, Dosage) _____

4.4. List Triggers that could activate above medical condition _____

4.5. Medical Treatment Restrictions (if any) eg. Blood Transfusions _____

4.6. Emergency Contact:

Name _____ Phone _____

The personal information contained on this form is collected under the authority of the Education Act, and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.

I understand and consent to the above as described herein:

Name: _____ Signature: _____ Date: _____

Parent/Guarding signature [if volunteer is under 18 years of age]:

Name: _____ Signature: _____ Date: _____