



CAREER/LIFE PROGRAMS PARENT PERMISSION YEAR LONG CONSENT FORM

School _____ School Phone No. _____

Teacher Contact _____ Destination: various locations in the Central Okanagan

DESCRIPTION ACTIVITIES/PURPOSE:

Throughout the current school year Career/Life Programs Department in School District No.23 will initiate various activities to

- √ assist students in planning their futures through exploration of career opportunities
- √ motivate the students to make a successful transition to post-secondary endeavours
- √ prepare students to become healthy, self-reliant citizens.

The purpose of this form is to request your parental authorization for your child to participate in those activities initiated by the Career/Life Programs Department that are suitable to your child's career interests. (Spotlights, Snapshots, Career Conferences, Special Events etc.)

The activities will take place throughout the school year on varying dates and at different locations in the Central Okanagan. The activities will be supervised by Career/Life Programs district staff and/or teachers.

INHERENT RISKS OF PARTICIPATING:

- Travel to and from venue (School District provided transportation)
- Travel to and from venue (private vehicle)
- Poor decision making by student(s)
- Movement within the venue (ie. stairs, program specific equipment, site specific risks)

TRANSPORTATION:

School District No. 23 transportation may be used to and from some of the events. Students may be asked to provide their own transportation to and from some of the activities.

"For trips going off the school's campus, a notice will be sent home to parents including details about the itinerary and any inherent risks. A separate parent permission form will be sent home for any higher risk activities."

PARENT/GUARDIAN CONSENT:

I have read the description of activities, understand that there are inherent risks attached to these activities, and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field trips, and I will reimburse the school for any costs incurred if it is necessary to send my child home by means other than as stated above.

Consent is given for _____ (name of student) to participate in and travel to any of the Career/Life Programs activities organized between September 8, 2009 and June 29, 2010.

Student Name: _____ School: _____
(please print)

Student's BC Medical # _____

Medical concerns, allergies, medication requirements _____

Signature _____ Date _____