



IJOA-E8

**VOLUNTEER INFORMED CONSENT AND
ACKNOWLEDGEMENT OF RISK FOR HIGHER
CARE OUT-OF-SCHOOL ACTIVITIES**

NOTE: This exhibit is intended as a template for volunteer informed consent for out-of-school activities that require higher care. Volunteers who actively participate in higher care activities must complete this form. A complete list of higher care activities is referenced in Appendix A of the "Forms File" section of YouthSafe Manitoba School Field Trip Resources, YouthSafe Outdoors, 2004. Activities included, but not limited to alpine skiing, aquatic activities, cycling, archery, remote and semi-remote camping. The body of the letter must include the following information about the specific out of school activity:

- description of the activity,
- information regarding risks and risk management procedures,
- trip destination,
- specific time and date of the activity or event,
- supervision information,
- mode of transportation,
- specific costs,
- cancellation information if applicable.

(SCHOOL LETTERHEAD)
**Volunteer Informed Consent and
Acknowledgement of Risk for Higher Care Out-of-School Activities**

Volunteer Name: _____ Phone Number: _____

E-Mail: _____

Program/Activity: _____ Date (s): _____

BOARD EXPECTATIONS FOR VOLUNTEERS

Volunteers are an important part of the leadership team for out of school activities and are expected to:

- (a) review and comply with relevant board policy;
- (b) have qualifications appropriate for the activity;
- (c) know the details of the off-site activity and their specific duties, responsibilities, and authority prior to departure;
- (d) exhibit positive behaviour and be an acceptable role model;
- (e) support and follow the school code of conduct;
- (f) report any inappropriate conduct to the teacher-in-charge;



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- (g) adhere to the schedule or itinerary;
- (h) dress appropriately for the activity.

CONSENT AND ACKNOWLEDGEMENT OF RISK

- (1) I acknowledge my right to obtain as much information as I require about this program or activity and the 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 or activity and understand and acknowledge that I may suffer personal and potentially serious injury due to unforeseen events associated with my volunteer involvement.
- (3) I agree to abide by the rules and regulations including directions and instructions from the school's service providers, administrators and staff while volunteering in the program or activity.
- (4) I acknowledge that it is my duty to advise the school of any medical/health concerns that may affect my participation.
- (5) I consent that the board, through its employees, agents, and officers, may secure such medical advice and services as they deem necessary for my health and safety, and that I shall be financially responsible for such advice and services.
- (6) I acknowledge that the school may choose to cancel the trip for whatever reason and I accept that the school will not be liable for any costs associated with such cancellation.
- (7) I understand, acknowledge and consent to the above as described herein.

Name: (please print): _____

Signature: _____

Date: _____

OUT OF SCHOOL PROGRAM EMERGENCY MEDICAL INFORMATION

Volunteer Name: _____ Birth Date: _____

Manitoba Health Registration No. (6 digit) _____

Manitoba PHIN (9 digit) _____

Extended Health Contract No. _____



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Allergies: _____ EpiPen®: Yes: No:

Medical/Physical conditions that may affect participation in the program/activity:

Other Health or Dietary Concerns:

Emergency Contacts:

- (1) _____ Phone: _____
- (2) _____ Phone: _____

Effective Date: March 20, 2007 Review Date: April 17, 2018
Amended Date:
Board Motion(s): 96/07
 YouthSafe Manitoba School
Legal/Cross Reference: Field Trip Resources,
 YouthSafe Outdoors, 2004;