

# 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. While a listing of higher care activities is not provided in MPASS, all activities in MPASS are supported by detailed planning supports. When planning higher care activities such as, but not limited to alpine skiing, aquatic activities, cycling, archery, rock climbing, remote and semi-remote camping. The body of the letter must include the following information about the specific out of school activity as noted in MPASS:

- 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;
- (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)	



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Extended Health Contract No				
Allergies:	EpiPen®:	Yes:	No: 🗌	
Medical/Physical conditions that may affect participation in the program/activity:				
Other Health or Dietary Concerns:				
Emergency Contacts:				
(1)	Phon	e:		
(2)	Phon	e:		

Effective Date: Amended Date:	March 20, 2007 November 15, 2022	Review Date: April 17, 2018
Board Motion(s):	96/07; 278/22	
	Manitoba Physical Activity	
Legal/Cross Reference:	Safety in Schools (MPASS)	