

**VANCOUVER COLLEGE
FIELD TRIP EMERGENCY MEDICAL TREATMENT
PARENT AUTHORIZATION FORM**

Student Name: _____

This form applies to the following field trip: _____ and is effective for the entire duration of the field trip.

STUDENT INFORMATION

Last Name: _____	First Name: _____
Date of Birth: mm ____ dd ____ year ____	Health Care No.: _____
Allergies: _____	Current Medications: _____

EMERGENCY CONTACTS

During the field trip, the following persons should be contacted in case of any emergency involving the student:

First Person to Contact:

Name: _____	Relationship to Student: _____
Day Phone Number: _____	Evening Phone Number: _____

Second Person to Contact:

Name: _____	Relationship to Student: _____
Day Phone Number: _____	Evening Phone Number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an accident or injury requiring emergency medical treatment, a reasonable effort will be made to contact the parent(s), legal guardian(s) or emergency contact(s), if practicable.

I consent to any teacher or other representative of Vancouver College Limited administering first aid or other minor emergency medical treatment to my child at any time or times during the field trip in the event that I or the emergency contacts cannot be reached after reasonable effort has been made to do so, if practicable.

I give permission to any teacher or other representative of Vancouver College Limited to authorize any emergency medical treatment for my child considered necessary or advisable by emergency response or medical personnel in the event that I or the emergency contacts cannot be reached after reasonable effort has been made to do so, if practicable. I consent to my child receiving any such emergency medical treatment at any time or times during the field trip.

RELEASE AND REIMBURSEMENT

I understand that there are risks inherent in my child receiving emergency medical treatment during the field trip.

In return for Vancouver College Limited (referred to in this Parent Authorization Form as “**Vancouver College**”) allowing my child to participate in this field trip, I agree to release:

- (a) Vancouver College (2002) Trust, Vancouver College and each of their directors, trustees, officers, employees, agents, and volunteers;
- (b) the Ministry of Education;
- (c) the owners and/or operators of the facilities where this field trip is taking place and each of their respective directors, officers, employees, agents and volunteers,

(collectively, the “**Released Persons**”) of all responsibility for any injury, loss or damage which my child may sustain as a result of emergency medical treatment provided by any of the Released Persons during the field trip unless such injury, loss or damage is caused by the negligence of any of the Released Persons while acting within the scope of their duties. I understand that I am agreeing not to sue any of the Released Persons for any injury, loss or damage suffered by my child as a result of the provision of emergency medical treatment except for injury, loss or damage caused by the negligence of any of the Released Persons while acting within the scope of their duties.

I agree to reimburse any of the Released Persons for all liability, costs and expenses which they may incur as a result of providing emergency medical treatment to my child during the field trip, unless such liability, costs or expenses are incurred as a result of the negligence of any of the Released Persons while acting within the scope of their duties.

I am the parent or legal guardian of _____ (name of child). I have read and understand the contents of this Parent Authorization Form in its entirety and I agree that it is binding on me.

If you require this form in another language, please let Vancouver College know.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Address of Parent/Guardian