

Cameron Lake Outdoor Education Centre

## STUDENT CONSENT FORM

1209 HWY 29S

Box 360, Hudson's Hope, B.C., V0C1V0

Phone: 250-783-9994

Website: cameronlake.prn.bc.ca

Email: cfequet@prn.bc.ca

Dear Parents/Guardians,

A field trip to **Cameron Lake Outdoor Education Centre** is planned for my students. The Centre is located 25km south of Hudson's Hope in a boreal forest setting along the shore of Cameron Lake. The facility includes separate boys and girls dormitories, a Main Lodge with a fully equipped kitchen, outhouses, a variety of trails and study areas, as well as a variety of equipment for environmental & recreational activities. Students will receive a safety and boundary orientation upon arrival. As well, students will be paired into a buddy system and will be supervised in all locations. We recommend at least one adult for every 10 students.

The trip will take place \_\_\_\_\_ (Date)

The cost is \_\_\_\_\_ (Which includes) \_\_\_\_\_

**Planned activities are:**

_____	_____
_____	_____
_____	_____
_____	_____

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ (dd/mm/yy)

Care Card Number \_\_\_\_\_ Family Physician/Location \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Are there any medications, allergies, stamina, behavior, etc. the centre should be aware of? Yes / No

If Yes, please share details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Parent/Guardian Consent

I, the Parent/Guardian of \_\_\_\_\_, give permission for my child to attend SD60 Outdoor Education Centre located at Cameron Lake.

I agree to the following terms:

1. I am aware of the risks involved in the planned activities.
2. I will discuss appropriate behavior with my child before the field trip.
3. I will ensure that my child will be properly prepared, including proper clothing and footwear suited to location and weather.
4. I agree that my child will abide by the rules and boundaries given to them by their teachers, group leaders, & the coordinator.

*Please note that students are liable for safeguarding personal items they bring. SD60 will not be held liable for any loss or damage to personal items.*

I, \_\_\_\_\_ assume all risks associated and agree to hold School District 60, its employees, volunteers and agents harmless from any liabilities.

I understand that signing this document constitutes legal confirmation that I acknowledge and agree to the above terms.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date (dd/mm/yy)*