



Overnight Field Studies Participation Agreement Additional COVID-19 Informed Consent

The Vancouver Board of Education SD#39 is pleased to be resuming overnight supplemental field studies within British Columbia. The District resumes overnight supplemental field studies with the understanding that COVID-19 is an infectious disease and managing community transmission of this disease is important. This parent/guardian informed consent agreement supplements the field studies consent agreement. Once you have reviewed this form, please ensure that you, as the parent/guardian, sign as part of the field studies consent process.

Your Responsibilities

- I acknowledge that it is the responsibility of students and their parents/guardians to ensure students are physically and medically fit and able to participate in the excursion prior to departure.
- I acknowledge that the risk of infection of COVID-19 increases when individuals gather or are in close contact. I further acknowledge that I understand that, due to the nature of overnight trips, students and staff will be in close proximity to one another during the trip.
- I acknowledge that the school District cannot guarantee that a person (of any age) will not contract COVID-19 while participating in field studies excursions that include overnight travel, however, the District has taken steps to develop and implement COVID-19 safety protocols which are intended to reduce risk. These protocols apply to overnight excursions and are available for review at <https://www.vsb.bc.ca/COVID-19/updates/Pages/default.aspx>
- I acknowledge that the accommodations and sleeping arrangements provided on this trip have been carefully planned and explained to me and that the nature of an overnight trip could increase the risk of infection of COVID-19.
- I acknowledge that if my child displays symptoms of respiratory distress or illness they will be asked not to participate and must isolate alone, with intermittent adult supervision, and that the Educator-in-Charge may elect to call emergency medical services.
- I acknowledge that in the event my child cannot continue to participate in the excursion and must isolate, I am fully responsible to arrive at the destination, at my own cost, and take my child home. I acknowledge that my child must be picked up by myself or a responsible adult I identify **within 4 hours, unless distance of the trip makes this impossible,** of me being contacted.
- I acknowledge that in the event of a medical emergency involving my child, the Educator-in-Charge may arrange to provide care to my child and/or for medical transport of my child to a medical facility. Every effort will be made to contact parents/guardians in such circumstances.
- I acknowledge that I have reviewed and understand the overnight excursion plan and COVID-19 safety plan related to this trip and the risks associated with travel, accommodations, food and meals, excursion venues, and excursion activities.
- I acknowledge that planning to avoid participants being asked to produce vaccine passports or proof of vaccination has occurred when planning this overnight excursion. I also acknowledge that certain service providers or businesses may, nonetheless, request proof of vaccination and my child may be asked to produce proof of vaccination. Alternate activities will be provided for my child only when it is an instructional activity for the class or program. or be offered an alternative by the Educator in Charge to the service or business.

Conditions of Participation

- It is important that all parents/guardians understand and agree to the following conditions of participation.
- *My child will not participate in the overnight excursion if before departure or during the excursion they feel sick in any way and including where they have tested positive for Covid-19 within the last 5 days .*
- My child will be required to take the District’s Daily Health Check each day before participating in the excursion’s itinerary. If the COVID-19 Daily Health Check indicates that they have reason to not attend then they must report immediately to the Educator-in-Charge.
- My child is responsible for wearing their face mask as required during the overnight excursion. I also acknowledge that, when in their room or not directly supervised, students might not wear their face masks.

By completing the document, you acknowledge and agree that you have read and understand and agree to this this Participation Agreement and accept the risks and possible costs of participating in the excursion.

Parent Name _____ Parent Signature _____ Date _____

Note: Participation in overnight field studies is optional. When the trip is planned as part of a class enrichment activity and a student chooses not to participate alternate activities will be provided.