

## **COMPLEX TRIP CONSENT**

APPENDIX / FORM #3

Yukon Education is required to seek informed consent from parents/legal guardians for all off-site experiential trips.				
Trip Name				
Staff Member in Charge		Date of Activity (YYYY/MM/DD)		
Anticipated Departure Time		Anticipated Return Time		
List o	List of Other Staff/Chaperones			
Description of Planned Activity(s)				
Risk Assessment and Itinerary Attached				
Method of Communication ☐ Cell Phone ☐ SPOT ☐ Satellite Phone ☐ In Reach				
Method of Transportation				
Method of Supervision (see Off-Site Experiential Policy for further definition)  ☐ On Site ☐ In the Area ☐ Use of the Buddy System				
A Parent/Legal Guardian information meeting is planned ☐ Yes ☐ No				
Date	& Time of Parent/Legal Guardian meeting	Location		
Detach and return to the school. If you have any questions or concerns please contact the school.				
I have read and understand the above information on the proposed off-site experiential learning trip.				
Trip Name				
	(Parent/legal guardian) I understand that the staff member in charge may be required to cancel or postpone the trip at any moment due to unforeseen circumstances.			
	I understand that in the event that my child's participation in the trip is terminated early due to behavior that I am responsible for the associated cost.			
Student Name				
Parent/Legal Guardian (print)				
Parer	nt Signature		Date (YYYY/MM/DD)	

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