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| 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 of Other Staff/Chaperones | |
| Description of Planned Activity(s) | |
| Risk Assessment and Itinerary Attached <input type="checkbox"/> | |
| Method of Communication <input type="checkbox"/> Cell Phone <input type="checkbox"/> SPOT <input type="checkbox"/> Satellite Phone <input type="checkbox"/> In Reach | |
| Method of Transportation | |
| Method of Supervision (see Off-Site Experiential Policy for further definition) <input type="checkbox"/> On Site <input type="checkbox"/> In the Area <input type="checkbox"/> Use of the Buddy System | |
| A Parent/Legal Guardian information meeting is planned <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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| I have read and understand the above information on the proposed off-site experiential learning trip. | |
| Trip Name | |
| <input type="checkbox"/> | (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. |
| <input type="checkbox"/> | 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) | |
| Parent Signature | Date (YYYY/MM/DD) |