

LORD SELKIRK SCHOOL DIVISION Informed Consent/Permission Form For Education Trips (students under 18 years)

SCHOOL:	Lockport School		
ACTIVITY:	Swimming	DATE OF ACTIVITY	<u>2024-2025</u>
		the above activity involve certain e These types of injuries may be mind	elements of risk. Injuries may occur or serious.
The chance of a engaged in the	, ,	be reduced by carefully following in	structions at all times while
time Division st	udents including while a	niversal Student Accident Insurance at school, while involved in school a school or a school activity.	
For complete coverage information, please see Student Accident Insurance on the Division website at www.lssd.ca , as well as on your School website.			
		the school procedures and code os from the school administration an	
ACKNOWLED	OGEMENT:		
WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.			
Name of Student	(print):	Signature:	Date:
Name of Parent/(print)	Guardian:	Signature:	_ Date:
PERMISSION	:		
I give	permission	on to participate in the	ption of activity)
to be held on or	r about	(descri	ption of activity)
Name of Paren	t/Guardian (print):		
Signature of Pa	rent/Guardian:	Date:	



LORD SELKIRK SCHOOL DIVISION

LOCKPORT SCHOOL

129 Lockport Road ~ Lockport, MB R1A 3H6 ~ Ph. (204) 757-9881 ~ Fax (204) 757-2624

Principal - Harold Freiter

Vice Principal - Dan Marshall

Mr. H. Freiter Principal Mr. D. Marshall Vice Principal