



## **Parent and Student Activity and Medical Consent Form**

For the following trip/activity: **School Retreat at Keats Camp, Keats Island**  
scheduled to occur: **September 14 – 16, 2016**

**Activities may include: Archery, High Ropes, Low Ropes, Climbing Wall,  
Zip-lining, Mountain Biking, Nature Hikes and Swimming.**

**All activities will be supervised by qualified camp staff and King David staff members.**

I am aware of, understand, and accept the rules and expectations of King David High School. These rules and expectations apply at all times while at school or on any school field trip or activity with respect to, but not limited to: drug and alcohol use, weapon possession, violence, and respect for others and property.

King David students are expected to demonstrate *menschlichkeit* (ethical conduct) which means that they are to behave in a kind hearted and respectful manner and to engage in responsible action.

As such, the following are prohibited at any and all times:

- possession, consumption or use of alcohol or narcotics
- possession of a weapon or the participation in an act of violence
- treating others with a lack of respect or vandalism of property
- not following the instructions of King David staff or its agents

Violation of the above rules and expectations will result in immediate dismissal from the field trip and return to Vancouver at my personal expense. Violation of these rules and expectations will also lead to disciplinary action from the school which may include immediate expulsion.

### **Parent or Guardian's Additional Information**

Address \_\_\_\_\_

Province \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Plan/Province: \_\_\_\_\_ Medical Plan #: \_\_\_\_\_

Please list any health conditions or medical issues that we ought to be aware of (including previous injuries, current medications, allergies, etc.):

---

---

---

---

What was the date of your last Tetanus inoculation or booster? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Special Dietary Requirements:

---

---

---

---

***I give my consent, and agree to the above rules and expectations and to the following:***

I give permission for my child to participate in all of the following activities with the understanding that activities will be supervised by camp and King David staff members, that all necessary safety precautions will be taken and that students may not engage in an unsupervised activity:

Canoeing/Kayaking  
High Ropes Course  
Zip Line  
Nature hikes

Archery  
Low Ropes Course  
Climbing Wall  
Mountain Biking

I authorize King David staff or its agents to release medical information to physicians, emergency response, or other health care professionals so as to carry out examination and treatment as deemed necessary and advisable for the treatment of my child in the event of accident or illness.

I am aware that King David does not provide medical or accident insurance for students involved in this activity and I understand that I am responsible for arranging such insurance, and to cover any evacuation or medical costs.

---

**Name of Student** (Please Print)

---

**Signature of Student**

---

**Date**

---

**Name of Parent** (Please Print)

---

**Signature of Parent**

---

**Date**