**Eastern Shore District High School**

**Parent/ Guardian Permission Form**

**(for Extra-Curricular/ Coaching Activity Supervised by a non-teacher)**

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| **Name of Activity:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date(s):** | **September 2019 – November 2019**  |
| **Name of Lead Adult:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Lead Adult is:** | **[ ]  HRSB Employee (non-teacher)****X Volunteer** |

Signed permission from parent / guardian for student participation in the above named activity is required when a school is not able to engage a teacher to serve as lead adult or teacher liaison for an extra-curricular / coaching activity. The school has engaged a lead adult who meets the following criteria:

* completed *Criminal Record Check* and *Child Abuse Registry*;
* has reached the age of 21;
* has provided two references;
* has previous experience working with youth;
* will adhere to HRSB/ school policies and guidelines;
* will adhere to the *Physical Education Safety Guidelines* (EECD 2015) and/ or the *Nova Scotia School Athletic Federation* (NSSAF) guidelines (where applicable);
* will respect confidentiality as the norm.

The above named lead adult could assume responsibilities for student personal information such as: permission forms, medical forms, registration, fee collection, general administration, transportation, and activity schedule in their role.

A HRSB employee (non-teacher) or volunteer cannot be in charge of supervision for overnight trips.

I give permission for my child to participate in the above named extra-curricular/ coaching activity.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_