School District #73 (Kamloops / Thompson)

LOWER RISK
SECONDARY FIELD TRIP
INFORMATION & CONSENT FORM

Principal's approval *Terry Molikas*

Please return by: **October 12, 2013**

Activity: **Tier 2 Boys Elementary Volleyball Games**

Location: **Marion Schilling, St. Ann's, Juniper Ridge, Aberdeen**   **Date (s):** **Oct 15 & 29 / Nov 5 & 12**

Time(s): Departure from school: **About 2:00 PM**   Arrival back at school: **About 5:30 PM**

Overview Itinerary for the Field Trip Program: **Parent drivers will pick students up at LLSS and return them to the school following the game.**

Transportation: ☐ Walking to and from the activity   ☐ Transported by school bus

☒ Driven in private vehicles   ☐ Drivers required

(Volunteer drivers must be at least 21 yrs old & have at least $1,000,000.00 liability insurance. There must be a seatbelt for each child & no air bag on front passenger side unless the passenger is 12 yrs of age or older. Drivers must have completed a SD#73 volunteer driver form.)

Parent Helpers Required: ☒ Yes   ☐ No   **Lunch Required:**   ☐ Yes   ☒ No

Fees to Be Paid: ☒ Yes   ☐ No   (Amount Required - **$10.00**)

* This permission form must be returned for your child's participation, written notes or phone calls are not acceptable.

PERMISSION SLIP

I have read and am informed about the proposed field trip to   **Marion Schilling, St. Ann's, Juniper Ridge, Aberdeen**   on

Oct 15 & 29 and Nov 5 & 12, 2013   I request that my child _____ participate in this trip.

I understand there is a cost involved and have enclosed $ **$10.00**   with this form.

I, the undersigned parent or guardian of the above named student, request that my son/daughter be allowed to participate in the event described above. Both my son/daughter and I understand that the Board Policy # 240 "Student Behaviour – Discipline" applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

Note any medical conditions or medication the staff or supervisors should be aware of: _____

Please supply the school with: Family Physician, Care Card Numbers and Emergency Numbers if they are not already on file

Parent / Guardian Signature _____   Phone: _____   Cell: _____

I can help drive _____ students with seatbelts.   I can help supervise: ☐ Yes   ☐ No

I have a school district waiver form on file with the office and all information is still current.   ☐ Yes   ☐ No

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Teacher / Office Use Only

Fee for Field Trip Received: Yes   No   Amount:_____   Initials:_____