



Frere Antoine
 2850 Millwoods Rd NW
 Edmonton AB, Canada T6K 4A1
 780-463-2957

Local Field Trip Parent Permission Letter

Field Trip Activity VISIT TO A SCIENCE CENTER

Location/ Destination Waste Management Centre
 250 Aurum Road Northeast, Edmonton, AB T6S 1G9

Field Trip Details

Time: 9:00 am - 12:00 pm

Sciences- Our waste and our world

Purpose: Students will learn about Edmonton's Waste Management Centre.
 Educational Goal: Students will learn and understand how waste is managed in their city.
 Supervision: There will be a teacher and parents on site.
 Provisions for Students not Attending: They will stay with another teacher and complete assignments.

Date of Field Trip	Start: <u>Jan 28, 2019</u>	Time of Departure	<u>9:00 am</u>
	End: <u>Jan 28, 2019</u>	Time of Departure from Venue	<u>11:30 am</u>
		Time of Return	<u>12:00pm</u>
Cost	Bus: \$10.00		

Program of Studies Specific Outcomes

- Sciences- Waste Management
 Topic A: Waste and Our World
1. Distinguish between wastes that are readily biodegradable and those that are not. Identify methods of waste disposal currently used within the local community.
 2. Identify kinds of wastes that may be toxic to people and to the environment.
 3. Identify alternative materials and processes that may decrease the amount of waste produced; e.g., reducing wastage of food, using both sides of a sheet of paper.
 4. Identify ways in which materials can be reused or recycled, including examples of things that the student has done.

Grades Attending 4A & 4C

Course(s) Student(s) Registered In _____

Number of Attending Students 43

Number of Attending Administrators _____

Number of Attending Teachers 2

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 2

Number of Additional Volunteers 2

Lead Teacher & Subject(s) Taught and Contact Mme. Catharine Ayer 780-463-2957

Attending Administrators, Teachers & Subject(s) Taught, Supervisors and Volunteers

Mme. Quintin

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation Bus

Carrier Name Cunningham

Telephone # (780) 458-3255

Safety Precautions

Students are to follow the guides and teachers instructions.

Clothing Required

Students will need to dress for inclement weather, as we will be in and out of the bus.

Risks - Inherent, special or unusual risks associated with the field trip

All manner of injuries resulting from slip/trip/fall

Exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries associated with participation in planned activities during the field trip.

All manner of injuries resulting from use of equipment, materials or facilities.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones, etc.

Slip/Fall exposures with stairs, ramps, dark areas, seating.

All manner of injuries and/or death which may result in the transportation to and from the facility.

There are no additional risks.

Date Submitted for Approval Dec 17, 2018

Signatures

A. R. Adams

Principal (Signature)

S. LOGANS

Print Name

Dec 17/18

Date

[Signature]

Lead Teacher (Signature)

Catharine Ayer

Print Name

Dec. 17/2018

Date

Frere Antoine
PARENTAL CONSENT

Parental Consent and Total Costs (If applicable) due by: **Jan 18, 2019**

Student Name _____ Grade _____

Field Trip Activity VISIT TO A SCIENCE CENTER Start Date Jan 28,2019 End Date Jan 28,2019

Location Waste Management Centre
250 Aurum Road Northeast, Edmonton, AB T6S 1G9

Parent volunteers are needed: Yes Number Required 2

I am willing to volunteer: Yes ___ No ___ Phone # _____

Name _____ Relationship to Student _____

Method of Transportation Bus

Please indicate your fieldtrip payment method:

Online Payment for \$ _____

Additional Information / Explanation

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), _____ (name of student) is to act in accordance of the School Act, District policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: _____ Name _____ Date: _____

Relationship: Mother Father Other Legal Guardian

Emergency Parent Contact and Phone Number _____