



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

Local Field Trip Parent Permission Letter

Field Trip Name WE Day

Field Trip Activity RETREAT

Location / Destination Roger's Place

School Travelling With St. Elizabeth

After you have carefully read this letter, we ask that you sign and return **only the** "Parental Consent" portion to the school (the last page in this document). Please keep the remainder for your information and records.

Field Trip Details

WE Day is hosted once a year to celebrate and encourage helping those in need around the world. The WE charity, in conjunction with thousands of donors, donate millions of dollars worth of supplies to some of the most at-risk communities across the globe. This day is to celebrate the hard work of the charity's many volunteers, and will be filled with celebrations, music, and motivational speakers.

Date of Field Trip	Start: <u>Oct 22, 2019</u>	Time of Departure	<u>8:30</u>
	End: <u>Oct 22, 2019</u>	Time of Departure from Venue	<u>2:00</u>
		Time of Return	<u>2:40</u>
Cost	<u>\$4.00</u>		

Program of Studies Specific Outcomes

Grades Attending 4-6

Course(s) Student(s) Registered In

Student Council

Number of Attending Students 14

Number of Attending Administrators 0

Number of Attending Teachers 1

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Kayle Sieben

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

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 Yellow Bus

Carrier Name Golden Arrow

Telephone # 7804471538

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

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

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

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries resulting from the use of apparatus and equipment.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

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

Loud noise, flashing lights


Date Submitted for Approval Sep 23, 2019

Signatures


Principal (Signature)

N Beaudoin
Print Name

Sept 23 / 2019.
Date


Lead Teacher (Signature)

Kayle Sieben
Print Name

Sept 23 / 19
Date

Frere Antoine
PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by:

Student Name _____ **Grade** _____

Field Trip Activity RETREAT **Start Date** Oct 22,2019 **End Date** Oct 22,2019

Location Roger's Place

Method of Transportation Yellow Bus

Please Indicate your fieldtrip payment method:

Cheque # _____ **Cash \$** _____ **Interact or Credit payment in office for \$** _____ **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 _____