



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

Local Field Trip Parent Permission Letter

Field Trip Name No Stone Left Alone

Field Trip Activity VISIT TO A LANDMARK

Location / Destination Holy Cross cemetery
14611 Mark Messier Trail, Edmonton,

School Travelling With None

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

Students will leave the school at 9:30 am to participate in Remembrance Day Ceremony at Holy Cross cemetery at 10:30. They will have the chance to honour and remember the men and women who have served, and continue to serve Canada during times of war.

Date of Field Trip	Start: <u>Nov 4, 2019</u>	Time of Departure <u>9:30 am</u>
	End: <u>Nov 4, 2019</u>	Time of Departure from Venue <u>12 pm</u>
		Time of Return <u>12:30pm</u>
Cost	Cost of the bus \$336 is paid by : Mme Lindsay Osmond No cost for students	

Program of Studies Specific Outcomes

Social study: Students will demonstrate an understanding of the events and factors that have changed the ways of life in Canada over time and appreciate the impact of these changes on citizenship and identity.

Grades Attending 5ABC

Course(s) Student(s) Registered In

Number of Attending Students 60

Number of Attending Administrators 0

Number of Attending Teachers 3

Number of Non-Teaching School Staff 1

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Georgette Alwan (Teacher) 780 4632957

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

Mme Collins, M. Ben (Teachers)

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 (780) 447-1538

Telephone # (780) 447-1538

Clothing Required

students will dressed according to the weather

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

(Examples: palace, cathedral, Tower of London)

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

All manner of injuries resulting from slip/trip/fall.

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

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

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.

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.

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

Date Submitted for Approval Oct 10, 2019

Signatures

 Nicole Beaudoin Oct 10/2019
Principal (Signature) Print Name Date

 George H. Alwan Oct 10/19
Lead Teacher (Signature) Print Name Date

Frere Antoine

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Oct 25, 2019**

Student Name _____ Grade _____

Field Trip Activity VISIT TO A LANDMARK Start Date Nov 4,2019 End Date Nov 4,2019

Location Holy Cross cemetery
14611 Mark Messier Trail, Edmonton,

Method of Transportation yellow bus

Please indicate your fieldtrip payment method:

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 _____



NO STONE LEFT ALONE
MEMORIAL FOUNDATION

LA FONDATION COMMÉMORATIVE

AUCUNE PIERRE DANS L'OUBLI

11420 107th Ave Edmonton AB, T5H 0Y5

780-917-8855

www.nostoneleftalone.ca

I, _____, am aware that there are risks associated with my child,
Name of Parent/Guardian
_____, participating in **No Stone Left Alone Memorial Foundation** program.
Name of Child

Disclaimer Clause

I understand that **No Stone Left Alone Memorial Foundation** (officers, directors, employees, instructors, and volunteers), and program supporters are not responsible for any injury, loss or damage of any kind sustained by participants during the program or after the program day has ended, except to the extent that such injury, loss or damage was caused by the negligence of the **No Stone Left Alone Memorial Foundation** staff or volunteers.

Assumption of Risks

In consideration of my child's participation in the above noted program and all related activities, I and my child acknowledge that we are aware of, appreciate and accept the inherent physical risks and the other possible RISKS, DANGERS, AND HAZARDS associated with being a participant, including the **possible risk of severe or fatal injury** to my child or others.

These risks **include but are not limited to:**

- i. all manner of injuries resulting from - Riding a bus &/or walking to a cemetery for attending a poppy laying ceremony.
- ii. transmission of diseases in various ways and types from contact with other participants resulting in death, disease or other illnesses
- iii. all manner of injuries and/or death that may result from transition between facilities.
- iv. allergic reactions to food, plants, soils and animal life

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT and that I understand, appreciate and accept the risks associated with my child's participation in the above noted program and all related activities at the **No Stone Left Alone Memorial Foundation**. As the parent/guardian for the participant, I consent for my child's participation in the above noted program and all related activities.

Date signed: _____

Name of Parent/Guardian: _____

Contact Phone Number: _____

Name of Participant: _____

Signature of Parent/Guardian: _____