



SD #73  
LOWER RISK FIELD TRIP  
INFORMATION & CONSENT FORM

Principal's approval: LG  
Please return before: Thurs., Feb. 3, 2022

Activity: Basketball Game

Teacher: Mrs. Walker & Mr. Galloway

Location: Summit Elementary

Date(s): Wednesday, February 9<sup>th</sup>, 2022

Activity Start Time: Depart at 2 pm for 3 pm start

Approx End Time: 4:00 pm

**Overview Itinerary for the Field Trip Program:** Students will depart from the school at 2:00 pm driven by parent drivers and will travel to Summit Elementary School. The Basketball game starts at 3:00 pm and will conclude at approximately 4:00 pm. Spectators are not allowed at this time. Please be at Savona Elementary by 4:30 pm to pick up your child.

**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

**Fee To Be Paid:**  Yes  No (Amount required- \$ N/A)

\*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 Summit Elementary Basketball Game on Wed., Feb. 9<sup>th</sup>, 2022. I request that my child \_\_\_\_\_ (print child's name) participate in this trip.

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 Kamloops/Thompson District Student *Code of Conduct* 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 Number and Emergency Numbers if they are not already on file.

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

Parent/Guardian Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I can help drive \_\_\_\_\_ students with seat belts.  I can help supervise \_\_\_\_\_

I have a school district driver waiver form on file with the office and all information is still current.

Yes  No

**Teacher/Office Use Only**

Fee for Field Trip Received:  Yes  No Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

**SD #73  
LOWER RISK FIELD TRIP  
INFORMATION & CONSENT FORM**

Principal's approval: \_\_\_\_\_

Please return before: Fri., Feb. 25, 2022

Activity: Basketball Game

Teacher: Mrs. Walker & Mr. Galloway

Location: OLPH School

Date(s): Wednesday, March 2<sup>nd</sup>, 2022

Activity Start Time: Depart at 2 pm for 3 pm start

Approx End Time: 4:00 pm

**Overview Itinerary for the Field Trip Program:** Students will depart from the school at 2:00 pm driven by parent drivers and will travel to OLPH School. The Basketball game starts at 3:00 pm and will conclude at approximately 4:00 pm. Spectators are not allowed at this time. Please be at Savona Elementary by 4:30 pm to pick up your child.

- 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

**Fee To Be Paid:**     Yes     No    (Amount required- \$ N/A)

\*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 OLPH School Basketball Game on Wed., Mar. 2<sup>nd</sup>, 2022. I request that my child \_\_\_\_\_ (print child's name) participate in this trip.

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 Kamloops/Thompson District Student *Code of Conduct* 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 Number and Emergency Numbers if they are not already on file.

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

Parent/Guardian Signature \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I can help drive \_\_\_\_\_ students with seat belts.     I can help supervise \_\_\_\_\_

I have a school district driver waiver form on file with the office and all information is still current.

Yes     No

**Teacher/Office Use Only**

Fee for Field Trip Received:     Yes     No    Amount: \_\_\_\_\_ Initials: \_\_\_\_\_