

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

Principal's approval: 
Please return before: Fri., June 17, 2022

Activity: Grade 7 Year End Celebration
Location: Apex Adventure Plex & Earls
Activity Start Time: 3:45 pm

Teacher: Mrs. Regan's Grade 7 Students
Date(s): Tuesday, June 21, 2022
Approx. End Time: 6:30 pm

Overview Itinerary for the Field Trip Program: Our Grade 7 students will be going to Apex Trampoline from 3:45 pm until 4:45 pm. Please follow the link in the email to sign the digital waiver. After their session, we have a reservation at Earls for dinner at 5:00 pm for students, their parents and school staff. Parent drivers are required as this is an after school event. **I have signed the Apex digital waiver** _____

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 (transportation to and from the events)

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 Grade 7 Year End Celebration on Tuesday, June 21st, 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: _____