


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

Principal's approval: 
Please return before: Tues., Sept 20, 2022

Activity: Isobel Lake Day Centre

Teacher: All Classes

Location: Isobel Lake

Date(s): Wednesday, Sept. 28th 2022

Time (s): Departure from school: 8:45 am

Arrival back at school: 2:30 pm

Overview Itinerary for the Field Trip Program: Students will be travelling by bus to Isobel Lake Day Centre. They will be hiking as well as doing other outdoor activities. Please dress appropriately for the weather including proper footwear, a hat, sunscreen and bug repellent. Students also need to pack a large lunch and bring a full water bottle.

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 **Lunch Required:** Yes No
(for K/1 Class)

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 Isobel Lake Day Centre on Wed., Sept. 28th, 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 supervise: _____

Teacher/Office Use Only

Fee for Field Trip Received: Yes No Amount: _____ Initials: _____