School District No. 73
(Kamloops/Thompson)

LOWER RISK ELEMENTARY FIELD TRIP
PARENT CONSENT FORM

Principal's approval: [signature]

Please return before: Wed. Apr. 26th

Activity: Lahal Tournament

Teacher: Mrs. Walker & Mrs. Regan

Location: Skeetchestn Community School

Date(s): Friday, April 28th, 2023

Departure time from school: 10:00 AM

Arrival time back at school: 2:00 PM

Overview Itinerary for the Field Trip Program:

We will be travelling by bus to Skeetchestn Community School for their annual Lahal Tournament. Skeetchestn School is providing lunch. Please remember to bring a snack for recess and your water bottle.

Transportation:

- ☐ Walking to and from the activity
- ☐ Driven in private vehicles
- ☒ Transported by school bus
- ☐ Drivers required

Volunteer drivers must be at least 21 years old and have at least $1,000,000.00 liability insurance. There must be a seatbelt for each child/youth and no air bag on the front passenger side unless the passenger is 12 years of age or older. Drivers are responsible for complying with all child/youth restraint/booster seat requirements. Driver must have completed an SD73 Volunteer Driver Form.

Booster Seat Requirements for Private Vehicles:

- ☐ My child is over 9 years of age **OR** over 4 ft. 9 in. ⇨ No booster seat is required
- ☐ My child is over 18 kg/40 lbs **AND** under 4 ft. 9 in. ⇨ A booster seat is required
- ☐ My child will bring a portable booster seat. (Please note that it is the responsibility of the parent or guardian to provide booster seats, when required, for school field trips.)

Parent Helpers Required: Yes ☐ No ☒

Fee to be Paid: Yes ☐ No ☒

Lunch Required: Yes ☐ No ☒ Please bring a snack and water bottle

Amount Required: $ 0.00

*** This permission slip must be returned for your child/youth's participation - written notes or phone calls will not be accepted to grant permission.**

PERMISSION SLIP

I have read and am informed about the proposed field trip to _____ on _____.

I request that my child/youth _____ participate in this trip. I understand there is a cost involved and have enclosed $ 0.00 with this form.

I, the undersigned parent or guardian of the above named student, request that my child/youth be allowed to participate in the event described above. Both my child/youth and I understand that Board Policy #240 *Student Behaviour – Discipline* 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.

List medical conditions/medication the staff/supervisor should be aware of: _____

Please supply the school with: family physician, Care Card number and emergency numbers (if not already on file).

Parent/Guardian Signature: _____ Phone: _____ Cell: _____

I can help drive # _____ students with seatbelts. I can help supervise: Yes ☐ No ☐

I have a Criminal Record Check on file at School Yes ☐ No ☐

I have completed the Volunteer Driver Form Yes ☐ No ☐

I have a Volunteer Driver 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: _____