

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

Principal's approval: \_\_\_\_\_  
Please return before: Thurs., May 19, 2022

Activity: McQueen Lake Day Centre

Teacher: K/1 & 2/3/4 Classes

Location: McQueen Lake

Date(s): Thursday, May 26<sup>th</sup>, 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 McQueen Lake Day Centre. They will be doing many outdoor activities including hiking and a pond study. 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

**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 McQueen Lake Day Centre on Thurs., May 26<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: \_\_\_\_\_

**Teacher/Office Use Only**

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