

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

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

Please return before: Thurs., May. 19, 2022

Activity: SD73 Powwow

Teacher: All Classes

Location: Kamloops Powwow Grounds

Date(s): Wednesday, May 25, 2022

Departure time from school: 9:00 am

Arrival time back at school: 2:30 pm

**Overview Itinerary for the Field Trip Program:** Students will be celebrating Aboriginal cultural practices in a District and Community Powwow at the Kamloops Powwow Grounds. A snack will be provided, but students must bring their own lunch.

**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 SD73 Powwow on Wed., May 25, 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 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.

**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 N/A students with seat belts.     I can help supervise N/A

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: \_\_\_\_\_