

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

Principal's approval: _____
Please return before: Wed., June 1, 2022

Activity: Wildlife Park Presentation & Guided Tour
Location: Kamloops Wildlife Park
Departure time from school: 8:45 am

Teacher: K/1 & 2/3/4 Classes
Date(s): Monday, June 6th, 2022
Arrival time back at school: 2:30 pm

Overview Itinerary for the Field Trip Program: Students will travel by bus to the Kamloops Wildlife Park where the K/1 class will have a presentation on "Fur, Feathers and Scales" and the 2/3/4 class will get a guided tour of the park. Students will also have the opportunity to ride the train and explore the park. The water park is weather permitting. Teachers will inform closer to the date if it will be available..

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- \$ 8.50) * Thank-you PAC for covering part of the cost!

*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 Kamloops Wildlife Park on Mon., June 6, 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 _____

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: _____