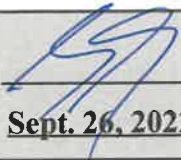


SD #73

**LOWER RISK FIELD TRIP
INFORMATION & CONSENT FORM**

Principal's approval: 

Please return before: Sept. 26, 2022

Activity: Neighbourhood Walks
Location: Surrounding Areas of the School
Time (s): Anytime During School Hours

Teacher: All Classes
Date(s): September 2022 – June 2023
Arrival back at school: 2:41 pm

Overview Itinerary for the Field Trip Program: Walks include: library, lake area, public playground, fire hall and school perimeter etc.

Transportation: Walking to and from activity Transported by school bus
 Driven in private vehicles 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.

Parent Helpers Required: Yes No **Lunch Required:** Yes No

Fee to be Paid: Yes No **Amount Required** \$ N/A

*** 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 for **Neighbourhood Walks** on **various dates in the 2022-2023 school year.**

I request that my child _____ (print child's name) be able to participate in this field 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.

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

Please supply the school with: family physician, Care Card number and Emergency Numbers if they are not already on file.

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

Teacher/Office Use Only

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