

Dear Parents/Guardians,

We have the wonderful opportunity to attend a full day of fun and learning lead by the NET (National Evangelization Team) of youth ministers. This retreat will help young students to understand and accept God's love for them, and to witness that faith can be a desirable and exciting part of their lives.

The retreat will be held at Sacred Heart Parish during the school day on the following dates.

**Monday Feb 25 – grade 9's**

**Wednesday Feb 27- grade 8's**

**Thursday Feb 28 – grade 6 & 7's.**

Students will be walking to and from the church. Snacks and lunch are provided. It is encouraged to bring a water bottle from home. There is no charge for this retreat.

Please sign the permission form and send it back with your child as soon as possible.

Sincerely

Karen Ballhorn

**Sacred Heart School**  
**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by: **Feb 22,2019**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Field Trip Activity** Religion Retreat **Start Date** Feb 25,2019 **End Date** Feb 28,2019

**Location** Sacred Heart Parish

**Method of Transportation** walking

**Cost** Not Applicable

**Additional Information / Explanation**

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**MEDICAL CONDITION**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

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I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), (NAME OF STUDENT HERE) \_\_\_\_\_ is to act in accordance of the School Act, District policy and rules as to student conduct. St. Thomas Aquinas Roman Catholic Separate Regional Division #38 does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

**I understand that St. Thomas Aquinas Roman Catholic Separate Regional Division #38 assumes no financial liability to the students and/or their parents/guardians should the board cancel or interrupt an approved student trip / excursion for any reason whatsoever. I understand no parents/guardians shall be reimbursed for the loss of any field trip monies if the field trip/excursion is cancelled or interrupted. This includes any form of deposit. However, a parent shall be reimbursed field trip/excursion monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip/excursion, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances. I further understand that, in all instances, the board reserves, in full, the right to make any cancellation or interruptions it deems fit.**

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and/or travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

I understand and accept the above and provide the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 with the following waiver of liability and RELEASE AND INDEMNIFICATION AGREEMENT. I hereby release the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 and its' staff and agents from any and all liability for any injury sustained regardless of how caused, resulting from participation in the aforementioned field trip/excursion.

My child will attend the event: \_\_\_\_\_

Alberta Health Care Card Number: \_\_\_\_\_

Emergency Parent Contact: \_\_\_\_\_

Emergency Parent Phone Number: \_\_\_\_\_

My child will NOT attend the event: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent signature is required regardless if the child is attending the event or not. This form is REQUIRED to be returned to school.**

If you are experiencing financial difficulties please contact the principal in confidence.