



Sacred Heart School

4419 52 Avenue, Wetaskiwin
AB, Canada T9A 2X7
780-352-5533

Local Field Trip Parent Permission Letter

Field Trip Activity VISIT TO A MUSEUM

Location/ Destination TELUS World of Science 11211 142 Street NW, Edmonton, AB
780.451.3344

Field Trip Details

This fieldtrip is a full day fieldtrip. We will be asking that the students arrive at the school for 8:00 am. We will be visiting the Imax theatre and learning about wild animals, taking the time to explore at Curiosity City and making bubbles at the Bubble Fun center. Please make arrangements for your child to be picked up for 3:15 pm.
Your child will need a to bring a lunch. No heat ups please.

Date of Field Trip	Start: <u>Jun 18, 2019</u>	Time of Departure	<u>8:15 am</u>
	End: <u>Jun 18, 2019</u>	Time of Departure from Venue	<u>2:00 pm</u>
		Time of Return	<u>3:15 pm</u>
Cost	<u>\$25.00</u>		

Integration of the events and activities with Program of Studies / Educational Value

Curricular Connections:

Citizenship and identity-critical and creative thinking, problem solving and cooperation.

Environment and Community Awareness-shows curiosity and willingness to learn about their environment.

Personal and Social Responsibility-contribute to group activities, shows positive attitudes toward learning.

Grades Attending ECS

Number of Attending Students 40

Number of Attending Teachers 1

Number of Non-Teaching School Staff 1

Number of Attending Volunteers 10

Lead Teacher and Contact Mrs. C. Grant (780)352-5533

Attending Teachers, Supervisors and Volunteers

Mrs. C. Grant.
Mrs. N. Bustin (EA)
Chaperones TBA

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation Bus

Equipment Required

Children will need to pack a bag lunch.

Risks - Inherent, special or unusual risks associated with the field trip

All manner of injuries resulting from slip/trip/fall

Exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries associated with participation in planned activities during the field trip.

All manner of injuries resulting from use of equipment, materials or facilities.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones, etc.

Slip/Fall exposures with stairs, ramps, dark areas, seating.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Date Submitted for Approval Apr 2, 2019

Signatures

Verna Sand

Principal (Signature)

Verna Sand

Print Name

Apr 2, 2019

Date

C Grant

Lead Teacher (Signature)

Charlotte Grant

Print Name

April 2/19

Date

Sacred Heart School
PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Jun 14,2019**

Student Name _____ **Grade** _____

Field Trip Activity VISIT TO A MUSEUM **Start Date** Jun 18,2019 **End Date** Jun 18,2019

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Method of Transportation Bus

Please Indicate your fieldtrip payment method:

SchoolCash Online \$ _____

Cheque # _____

Cash \$ _____

Additional Information / Explanation

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.

sign here →

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child participating 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.