

Sacred Heart School K-9

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

Local Field Trip Parent Permission Letter

Field Trip Activity	SWIMMING	
Location/ Destination	Manluk Centre 4514 50 Ave Wetaskiwin, AB 780.361.4444	
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Field Trip Details

Students in Grade Four to Six will be attending swimming on Friday December 20, 2019, Thursday March 19, 2020 and June 26, 2020 from 1-3. In order to participate, students will need to bring their bathing suit and towel.

Date of Field Trip	Start: _Dec 20, 2019	Time of Departure 12:45pm	
	End: Jun 26, 2020	Time of Departure from Venue 3:00pm	
		Time of Return 3:10	
Cost	Not Applicable		

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

Grades Attending Grades 4, 5 and 6	*
Number of Attending Students	149
Number of Attending Teachers	6
Number of Non-Teaching School Staff	_3_
Number of Attending Volunteers	_0_
Lead Teacher and Contact Mrs. Bilyk	

Attending Teachers, Supervisors and Volunteers

Mrs.Sieg, Mr.Hamer, Mr.Rossetto, Mrs.Bilyk, Mrs.Toohey, Mrs.Murdoch, Mrs. Fanta, Mrs. Rabel, Mrs. Gracie

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	Walking

Clothing Required

Bathing Suit and Towel/ Clothing appropriate for walking over to the pool.

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

Slip/Trip/Fall hazards associated with wet pool deck surfaces, change rooms, pool toys, running, horseplay and towels which may cause bruises, scrapes,cuts, broken bones or concussion.

Injury or Drowning exposures due to diving, water too deep for students, skill level, swallow water, panic, no guards on drains or filter systems, no life guard on duty, horseplay, inadequate life safety equipment.

Chemical exposures due to chlorine and associated pool treatments, possible physical reactions for students

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

Date Submitted for Approval Nov 14, 2019

Signatures

Principal (Signature)

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Lead Teacher (Signature)

Print Name

Print Name

Date

Date

Sacred Heart School K-9 PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Dec 19,2019

Student Name	Grade	-	
Field Trip Activity SWIMMING		Start Date	Dec 20,2019, Mar.19, 20Jun 26,2020
Location Manluk Centr	e 4514 50 Ave Wetaskiwi	in, AB 780.3	361.4444
Method of Transportation Wa	alking		£
Cost Not Applicable			
Additional Information / Explar	nation		
			·
MEDICAL CONDITION			
			ies, conditions requiring medication, etc), a regarding medication storage and

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: 5 wimming	
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 returned to school.	not. This form is REQUIRED to be
If you are experiencing financial difficulties please contact the principal i	n confidence.