

LOWER RISK ELEMENTARY FIELD TRIP School District No. 73 (Kamioops/Thompson) PARENT CONSENT FORM

| Principal's approval: | DO |
|-----------------------|---------------|
| Please return before | Sept 15, 2027 |

| Activity: PHE | Walks Runs Hikes Teacher: Mr. Bell |
|---|---|
| | Neighbourhood-off grounds Date(s): September 2023 - Tune 27, 2024 |
| | om school: Various Times Arrival time back at school: Various Times |
| | r for the Field Trip Program: ning/H:King in the neighbourhood ground MSES |
| Transportation: | ✓ Walking to and from the activity □ Driven in private vehicles □ Drivers required |
| and no air bag on the f | t 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 front passenger side unless the passenger is 12 years of age or older. Drivers are responsible for complying with all cooster seat requirements. Driver must have completed an SD73 Volunteer Driver Form. |
| Booster Seat Requ | irements for Private Vehicles: |
| | over 9 years of age OR over 4 ft. 9 in. ⇒ No booster seat is required |
| ☐ My child is over 18 kg/40 lbs AND under 4 ft. 9 in. ⇒ A booster seat is required | |
| | bring a portable booster seat. (Please note that it is the responsibility of the parent or guardian to provide booster quired, for school field trips.) |
| Parent Helpers Rec | quired: Yes 🗆 No 🗹 Lunch Required: Yes 🗆 No 🗹 |
| Fee to be Paid: | Yes □ No ☑ Amount Required: \$ ○ |
| | |
| * This permission slip must be returned for your child/youth's participation - written notes or phone calls will not be accepted to grant permission. | |
| I have read and am I request that my cl and have enclosed | |
| participate in the ev Behaviour - Discipli | parent or guardian of the above named student, request that my child/youth be allowed to went described above. Both my child/youth and I understand that Board Policy #240 Student ine applies on all field trips. The use of alcohol or drugs and/or inappropriate student conduct may in from school. Students engaging in these behaviours are liable to be sent home at their families' |
| List medical conditi | ions/medication the staff/supervisor should be aware of: |
| Please supply the so | chool with: family physician, Care Card number and emergency numbers (if not already on file). |
| Parent/Guardian Sig | gnature: Phone: Cell: |
| l can help drive _# | students with seatbelts. I can help supervise: Yes 🗆 No 🗖 |
| I have a Criminal Re | ecord Check on file at School Yes 🗆 No 🗆 |
| • | ne Volunteer Driver Form Yes 🗆 No 🗅 |
| l have a Volunteer [| Driver Form on file with the office and all information is still current: Yes 🔲 No 🛚 |
| Total Control | ffice Use Only |