



# HIGHER RISK ELEMENTARY FIELD TRIP PARENT CONSENT FORM

Principal's approval: [Signature]  
Please return before: March 10/25

Activity: Intermediate Swim Teacher: Dell, Bell, Ngo, Naylor, Ray, Desaulniers  
Location: Canada Games Aquatic Centre Date(s): March 14, 2025  
Departure time from school: 12:30 Arrival time back at school: 2:30

Overview Itinerary for the Field Trip Program: \_\_\_\_\_  
Students bus to the pool, swim, and the bus brings them back to school.

Transportation:  Walking to and from the activity  Transported by school bus  
 Driven in private vehicles  Drivers required  
Other \_\_\_\_\_

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.

### Booster Seat Requirements for Private Vehicles:

- My child is 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
- My child will bring a portable booster seat. (Please note that it is the responsibility of the parent or guardian to provide booster seats, when required, for school field trips.)

Parent Helpers Required: Yes  No  Lunch Required: Yes  No   
Fee to be Paid: Yes  No  Amount Required: \$ 3.00

**\* 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

The following statement must be signed by the parent/guardian for students participating in Higher Risk Field Trips:

I am aware and understand that participation in the Higher Risk Field Trip involves certain inherent risks, dangers and hazards which may result in serious personal injury or death or other loss or damage to property. I am aware that downhill skiing, Nordic track skiing, snowboarding and snow-blading, ice skating, road cycling, mountain biking, adventure hiking, canoeing, kayaking, swimming in natural settings, wilderness orienteering and residential camping are dangerous activities and that in addition to the usual risks inherent in these activities, certain additional dangers and risks including, but not limited to, varying snow, ice and visibility conditions and the danger and risk of collision with natural and man-made objects. For International travel, I have been informed that the Higher Risk Field Trip may become a dangerous activity due to global unrest. Further I agree that there may be other risks not known to me or not reasonably foreseeable at this time. I release and agree to indemnify and hold harmless the Board of School Trustees of School District No. 73 (Kamloops/Thompson) "the Board", its employees and agents ("the Releasees"). From any loss, claim, or demand for any and all negligence arising as a result of the Student's involvement or participation in the Higher Risk Field Trip except where such negligence is caused by the Releasees. I understand and accept that the Board and its employees and agents may at any time cancel the Higher Risk Field Trip for appropriate reasons including travel advisories indicating international air travel is unsafe or the destination is unsafe. Accordingly, I agree to waive any and all claims against the Board, its employees and agents for any monetary loss arising from the cancellation of the Higher Risk Field Trip. I understand that during the Higher Risk Field Trip the Student may incur additional unforeseen financial expenses required for reasons of safety and I agree to waive and reimburse for any and all claims against the Board, its employees and agents for any such expenses that are reasonably required. Both my child/youth and I understand that Administrative Procedure 350 - Student Code of Conduct 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.

I have read and am informed about the proposed field trip to Canada Games Aquatic Centre on March 14, 2025.  
I request that my child, \_\_\_\_\_ participate in this field trip. I understand the cost involved is \$ 3.00.  
I have paid \$ \_\_\_\_\_  Cash/Chq with this form OR  Via SchoolCash Online.

I, the undersigned parent or guardian of the above named student, request that my child/youth be allowed to participate in the trip.  
List medical conditions/medication the staff/supervisor should be aware of \_\_\_\_\_

Please supply the school with: family physician, Care Card number and emergency numbers (if not already on file).  
Parent/Guardian Signature: \_\_\_\_\_ I can help drive # \_\_\_\_\_ of students with seatbelts.  
Phone number (I can be reached during the time of the field trip): \_\_\_\_\_

I have a Criminal Record Check on file at School Yes  No   
I have completed the Volunteer Driver Form: Yes  No   
I have a Volunteer Driver Form on file with the office and all information is still current: Yes  No

**Teacher/Office Use Only**  
Fee for Field Trip Received: Yes  No  Amount: \_\_\_\_\_  Cash/Chq  SchoolCash Online Initials: \_\_\_\_\_

## Swimming Ability Checklist

Dear Parents/Guardians,

As part of our upcoming swimming activities, we would like to assess each student's swimming ability to ensure their safety in the water. Please complete the checklist below.

Student's Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please check the appropriate boxes:

**Swimming Ability**

My child **can swim** confidently.

My child **cannot swim**.

**Comfort Level**

My child is comfortable in the **deep end** of the pool.

My child prefers to stay in the **shallow end**.

**Life Jacket Requirement**

My child **does not need** a life jacket.

My child **needs** a life jacket for safety.

**Swimming Lessons**

My child has **taken swimming lessons**.

My child has **not taken swimming lessons**.

Additional Comments (if any):

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Parent/Guardian Name: \_\_\_\_\_

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

Thank you for your cooperation in keeping our swimming activities safe and enjoyable for all students.