



Consent Form – All Field Trips Teacher Lead, Parent/Guardian

Teacher Leader Section

This is to advise that _____ School intends to involve your son/daughter in an off-campus activity. The particulars of the field trip are as follows:

Purpose:

Destination:

Arranged Supervision:

Date:

Transportation Plans:

Risks or Dangers: Risk associated with vehicle transportation, wildlife, public interaction, water bodies, uneven terrain and weather.

Costs (if any): \$ 20.00 Per Student for Zoo Entry and Bus fees

If you are able to volunteer for this, or any future excursions please make a note on this consent and/or email me at elegh@rockyview.ab.ca

For additional information, please phone the school at (_____) _____.

If you permit your son/daughter to participate in this activity, please sign and tear-off the portion below and return it to the school.

Parent/Guardian Section

Please note that your child will NOT be allowed to participate in this field trip unless this form is signed and returned to the school prior to the field trip taking place.

FIELD TRIP CONSENT FORM

Having understood and signed the Annual Field Trip Authorization – Emergency Medical Information Form FT 001 and having read and understood the particulars of this Consent Form – All Field Trips FT 005, I consent to and give permission for my child to participate.

Child's Name: _____ Grade: _____

Destination: Banff Date of Field Trip: October 6th, 2015

Method of Payment (if applicable): _____

If payment online, confirmation number is: _____

Parent/Guardian Signature Date

VOLUNTEER SECTION

Would you like to volunteer for this field trip? Yes No

Your name: _____ Phone number: _____