1080 Winslow Ave., Coquitlam British Columbia V3J 6A7 ● Phone 604-939-9201

SCHOOL DISTRICT NO. 43 (COQUITLAM)

PARENT/GUARDIAN FIELD TRIP INFORMATION AND CONSENT FORM

Dear Parents / Guardians

The purpose of this letter is to inform you about a proposed field trip involving your child and to seek your support and written permission for your child to participate.

Please note that participation in this activity is optional. Any cost of the trip reflects your child's expenses only. No student will be denied access to a field trip or activity due to an inability to pay. If the fee presents a hardship to you, please contact the school principal or vice principal. All such requests will be kept confidential.

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities and injury may occur without fault on the part of the student, the school board, its employees and volunteers, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child and acknowledging that you understand there is a risk of injury associated with it.

_____ Teacher

_____ Principal

Date of Field Trip: _____

Departure Time: _____ Anticipated Return Time: _____

Location of the Field Trip: _____

Nature of the Field Trip: _____

_____

Students will need to bring: _____

_____

Teacher(s)/Administrator(s) in Charge: _____

Your son/daughter will be traveling by:

_____ School Owned Bus
_____ Rented Bus
_____ Private Vehicle
_____ Other (Specify)

Cost of Optional Field Trip: _____

The cost includes (itemized list regarding transportation, entrance fees, etc.):

_____

Known Risks and Safety Information:

_____

☐ We require parent drivers for this trip. Please indicate on the return form how many children you can carry in your vehicle. (Note: according to School District Administrative Procedure 255, it is recommended that children under 12 years of age not be permitted to ride in an airbag protected seat).

☐ We require parent volunteers for this trip. Please indicate on the return form if you can volunteer.

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Field Trip Name _____

Please include any information or special concerns such as allergies, medical conditions, etc., that school staff should be aware of surrounding your child's participation:

_____

My child and I understand that both the school district and school's Code of Conduct apply during the field trip. I will be responsible for any costs caused by my child's failure to abide by the Codes of Conduct, including any costs to send my child home.

(Please print) I, _____, give permission for my child _____, to participate in the field trip described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

☐ I have included $_____ payment for this field trip.

☐ My daytime contact phone number is _____

If this field trip requires parent drivers and / or volunteers, please complete the section below:

☐ I can volunteer for this field trip.

☐ I can drive for this field trip. I am able to take _____ children in seats without airbags.

☐ I have completed a Volunteer Driver Certification for Insurance form.

☐ I have provided the school with a copy of my Criminal Record Check.

☐ I have provided the school with a copy of my Driver's Abstract.

_____	_____	_____
Date	Parent/Guardian Signature	Contact Phone Number

Please complete the attached consent form and return the completed form to the sponsor teacher listed above by_____.

Last revised: June 2017