

STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM (Routine)

Please Return This Completed Form by: Thursday April 10th, 2018

Name of School: **AD RUNDLE MIDDLE SCHOOL** Activity Date: **Friday April 20th, 2018**

The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one time approval only. Students who do not participate in field trips will be provided with supervised study.

Purpose: **Outdoor Education Trip to Project Climbing Centre**

Departure Time: **11:20 am** Return Time: **2:50 pm**

Destination(s): **Project Climbing Centre in Abbotsford**

Travel Arrangements: School Bus (1 Way) School Bus (2 Way) Walking Parent Drivers
 Other: Transportation provided by Supervision Teachers and Parent Volunteers

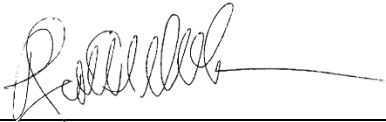
Cost to student: **\$15. Cash only. Please bring exact change. No refunds.**

Students will need to bring: Lunch Weather Appropriate Clothing Other: P.E. Strip

Sponsor Teacher(s): **Mr. Lightle \ Mr. Shea** Supervision Provided by: **Mr. Lightle & Mr. Shea**

Special Note: **Students will also need to complete Climbing Centre release form.**

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.



Principal signature



Sponsor Teacher(s) signature(s)

I give _____ (full name of student) in CORE _____ permission to participate in the field trip to Project Climbing Centre on Friday April 20th, 2017. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

Student's Care Card Number: _____

Medical Information (please include any medical or health concerns):

Signature of Parent/Guardian _____

Date _____

Printed name of Parent/Guardian _____

Home Phone # _____ / Work Phone # _____ / Cell Phone # _____

Alternate (Local) Contact Name _____

Home Phone # _____ / Work Phone # _____ / Cell Phone # _____