

Sunnybrae Public School

PARENT/GUARDIAN FIELD TRIP PERMISSION FORM

Destination:

Date of Trip:

Grade/Group Involved:

Supervisor(s):

Departure from School:

Est. return time to school:

Transportation:

Cost per student:

Purpose:

Return form by:

Additional information:

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PLEASE DETACH AND RETURN TO THE SCHOOL BY:

Although students will be closely supervised by staff and volunteers, please understand that educational activity/field trip programs involve certain elements of risk over and beyond those of the regular school day. It is essential that students participating be counselled by their parents/guardian on the necessity of extra care and co-operation. Accidents may occur while participating in these activities and there is the potential for injury without any fault on either the part of the student, the school board or its employees or agents, or the facility where the activity is taking place. The Simcoe County District School board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT:

I hereby acknowledge and accept the risks inherent in this activity and assume responsibility for personal health, medical, dental and accident insurance coverage.

CONSENT FOR A VOLUNTEER DRIVER TO TRANSPORT: (if applicable)

I grant permission for _____ to be transported by a volunteer driver (employee, parent or other adult) approved by the principal or designate. Volunteer drivers are over the age of 21, have a valid driver's license, have provided a criminal record check and are adequately insured.

STUDENT CONTRACT:

As a Sunnybrae Public School student, I realize the importance of representing my school in a safe, positive manner. In following the school rules I will demonstrate respect, good manners and responsibility and agree to follow the special directions and safety precautions assigned during this trip. I have read the above outline and understand all guidelines.

My child: _____ has my permission to participate in the field trip to:
(name of child)

on _____ (date). I have read and understand the above information.

Parent/Guardian Signature

Amount enclosed (if required) _____

Student Signature

Today's Date: _____

Please include relevant medical information that the teacher should be aware of that would relate to the nature of this trip.