September 14th, 2026

Dear Parents,

Your child has expressed interest in joining the Savona Run Club. We will have noon hour practices, at 12:00. The students will run for 15 to 20 minutes on Tuesdays and Thursdays to practice and then eat their lunch before heading out to play by 12:30pm. Below is the schedule for the runs of the season. We will need parent drivers to get to the events so please indicate on the attached permission form if you will be able to drive. We will need to leave the school by 2 pm to allow ample time to get to the runs which usually start about 3:00pm. Please return the permission form as soon as possible.

Thank you,

Mrs. Regan

Wednesday, September 23- OLPH Cross Country at Mac Island

Wednesday, October 7- Cliff Weathermon Run, Eagle Point Golf Course

Wednesday, October 14- Centennial Park, Westsyde

SCHOOL DISTRICT NO. 73 (Kamloops - Thompson)

LOWER RISK ELEMENTARY FIELD TRIP PARENT CONSENT FORM

Principal's Approval: [signature]

Please return before: Friday, Sept. 18th

Activity: Cross Country Running

Teacher: Mrs. Regan

Location: See overview below

Date(s): Wednesdays - Sept. 23, Oct. 7 & Oct. 14

Departure time from School: 2:00 PM

Arrival time back to school: _____

Overview Itinerary for the Field Trip Program: Runs at McArthur Park on September 23rd, Eagle Point Golf on October 7th, and Westsyde Centennial Park on October 14th.

Transportation: ☐ Walking to and from 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 ☒ Yes ☐ No

Lunch Required ☐ Yes ☒ No

* Please remember your water bottle

Fee to be Paid ☐ Yes ☒ No

Amount Required $_____

✂* This permission slip must be returned for your child/youth's participation - written notes or phone calls will not be accepted to grant permission.

I have read and informed about the proposed field trip to Cross Country Runs on Sept. 23, Oct. 7 & 14, 2026

I have requested that my child/youth _____ participate in this trip. I understand the cost involved is $ N/A .

I, the undersigned parent or guardian of the above named student, request that my child/youth be allowed to participate in the event described above. 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.

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 can help supervise: Yes ☐ No ☐

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: _____

September 14, 2026

Dear parents/guardians,

Your child has expressed interest in joining cross country running this year. Permission packages are due **back Friday, September 18th**. The first run will be taking place next Wednesday, September 23rd at McArthur Island Park beginning at 3:00 pm. Departure from the school will be at 2:00 pm.

We need parent drivers for this run, as well as the remaining 2 runs. Please indicate below if you are able to drive, and how many total students you can take. Attached to this message is the volunteer driver form. This form needs to be completed yearly, so last year's drivers will have to provide their insurance papers for viewing at the office again this year. We must have this form if you are transporting any students who are not your own.

Student Name: _____ Parent Driver Name: _____

- McArthur Island Run – Sept. 23rd
  - ☐ I can drive _____ students
  - ☐ I am not able to drive
- Eagle Point Run – Oct. 7th
  - ☐ I can drive _____ students
  - ☐ I am not able to drive
- Westsyde Centennial Park Run – Oct. 14th
  - ☐ I can drive _____ students
  - ☐ I am not able to drive

If you have any questions, please call the school at 250-373-2520. Once I have everyone's availability, I will create a list of drivers/students and let you know.

Thank-you,

Krystal Lamberton
Secretary
Savona Elementary

School District No. 73 (Kamloops-Thompson)

VOLUNTEER AND STAFF DRIVER FORM

_____ School

Driver's Name:				
Driver's Address:				
Phone Numbers:	Home:		Cell:	
BC Driver's License No.				
BC Vehicle License Plate No.				
Vehicle Make/Model/Year:				
Max Number of Passengers:			(Excluding the Driver)	
Insurance Documents:	Reviewed by:		Expiry Date:	
Third Party Liability Insurance:				
My vehicle has [ ] seats that meet the criteria for safe placement of booster seats.				

DRIVERS DECLARATION:

In volunteering to transport students, I declare the following:

- I am legally permitted to operate a motor vehicle with a valid BC Driver's License.
- I am at least 21 years of age and in good health and not a secondary student.
- The vehicle I will be using is in safe operating condition and meets all of the current requirements of the Motor Vehicle Act and the Regulations.
- My vehicle is insured with a minimum of one million dollars ($1,000,000) third party liability insurance coverage.
- I will operate my vehicle in a safe and legal manner while transporting students.
- I will not, at any time during my performance as a volunteer driver, consume or be under the influence of any alcoholic beverages or restricted substances.
- I will provide a non-smoking environment while transporting students.
- I will ensure all passengers wear seatbelts and I will not permit a child under 13 years of age to occupy the front passenger seat of a vehicle equipped with a passenger seat air bag.
- I will comply with all child restraint and booster seat requirements
  - Children over 9 years of age OR over 4 ft. 9 in. – No Booster seat is required
  - Children over 18 kg/40 lbs AND under 4 ft. 9 in. – Booster seat is required

I have read, I understand and I agree to the above and agree to follow Administrative Procedure - 490 Volunteers in Schools and the procedures associated with it.

_____ _____

Driver's Signature Date

PRINCIPAL OR DESIGNATE APPROVAL

_____

Signature Position Date

APPENDIX B -2

ELEMENTARY STUDENT-ATHLETE EXPECTATIONS AND PARENT ACKNOWLEDGEMENT FORM

Student-athletes and parents are expected to follow the guidelines outlined in this form to ensure that all participants have a positive experience while playing extra-curricular sports, as these form the foundation of the extra-curricular athletic program in their school.

Student-athletes are expected to:

- ✓ Be willing and eager to learn and improve their skills
- ✓ Demonstrate commitment to their teams by attending practices, meetings and games
- ✓ Participate with effort and enthusiasm
- ✓ Respect the decisions made by their coaches and the officials
- ✓ Demonstrate sportsmanship, appreciation and respect for their opponents and teammates
- ✓ Demonstrate responsible behaviour at all team functions at their school and when visiting other schools
- ✓ Play by the rules of the competition
- ✓ Play for the enjoyment of the game. Be gracious in both winning and losing.

Parents are expected to:

- ✓ Ensure that their child is playing for **their** enjoyment
- ✓ Value the time and effort that volunteer coaches commit to providing a positive experience for children
- ✓ Demonstrate sportsmanship, appreciation and respect towards all student-athletes, coaches and officials
- ✓ Model positive and encouraging behaviours for students-athletes and other spectators
- ✓ Discuss any concerns they may have directly with the coach, and in a private and respectful way. Do not attempt to discuss concerns with the coach immediately before, during or after practices/games. Employ the "24 hour rule" before contacting the coach to discuss a concern. This allows time for reflection and for emotions to subside, which increases the likelihood of a positive interaction.
- ✓ **Fill out and submit, along with this form, Appendix C (Medical Consent Form), to ensure that coaches are aware of any medical/safety considerations and accommodations that need to be made. Safe participation is a primary goal for parents and coaches alike.**

School Name: _____ **Date:** _____

I, _____ **(student name) have read and understand the expectations of me as a student-athlete.**

Student signature: _____

I have read and understand the parental expectations, and have reviewed the student-athlete expectations with my child to ensure they understand their expectations. I have also completed the Medical Consent Form for my child.

Parent Name: _____

Parent Signature: _____

APPENDIX C

MEDICAL CONSENT FORM

The safety of your child in their participation in extra-curricular sports is of the utmost importance to you as a parent, and this attention to safety is shared by all school/district staff and coaches (both community and district employee coaches). The following Medical Screening Checklist provides the school and coach the necessary information to ensure awareness and, where appropriate, accommodations are made by the coach in order that your child can participate safely. Appendices D, E, F and G of "School District No. 73 (Kamloops-Thompson) Extra Curricular Safety **Guidelines Handbook", specifically addresses protocols and procedures regarding concussions and suspected concussions**

Please be aware that some medical conditions will prevent a student-athlete from being eligible to compete in extra-curricular athletics. The ineligibility may be temporary, permanent or sport specific.

The intent of the Medical Screening Checklist is to provide important medical information to the school and coach. Any medical symptoms and/or conditions identified that could impact your child's ability to participate in extra-curricular athletics will result in a confidential follow-up meeting with the school principal, athletic director and/or coach to collaboratively plan the next steps prior to participation

Please circle all symptoms/conditions that apply to your child. Should you require clarification or have questions about any of the following prior to completing this checklist, please contact the coach or athletic director.

AREA	CONDITIONS/SYMPTOMS		
Blood	Bleeding/clotting problems	Chest pain	
Head	Frequent headaches	Skull defect	Concussion history
	Uncontrolled Epilepsy		
Eye/Ear/Nose	Severe myopia	Blindness (one eye)	Blindness (both eyes)
	Detached retina	Perforated eardrum	Deafness
Heart	High blood pressure	Abnormal heart sounds/rhythm	
	Previous heart failure		
Lungs	Severe asthma	Acute/chronic infection	
	Asthma/other breathing problems (specify) _____		
	Respiratory insufficiency		
Endocrine	Uncontrolled diabetes		
Abdomen	Disease of liver/kidney/spleen	Cirrhosis	Ileitis/Colitis
	Ascites	Hydroephrosis	Crohn's disease
Muscular/Skeletal	Muscle disease	Active hip disease	
	Recurrent joint dislocation	Incomplete healing of any fracture	Bone deformity
	Atlanto-axial abnormality	Recurrent sprains, muscle tears,	
	Back/joint pain		
	Joint effusion or bleeding		
Severe allergies	Specify:_____		
Other	Fainting episodes	Chronic shortness of breath	
	Chronic Infection		

Other medical conditions not mentioned above that the school/coach needs to be aware of are:

_____

My child uses the following medications/medical technology:

Hearing aids insulin pump insulin/needles for injection Epipen Asthma inhaler

Other (specify): _____

I have completed the Medical Screening Checklist for my child and have circled all symptoms/conditions that apply, as well as adding all symptoms/conditions not specifically listed on the checklist. I am aware of the risks and dangers inherent in participation in sports.

I grant permission for my child to participate in extra-curricular sports subject to the limitations and restrictions of the medical conditions/symptoms identified above. I affirm that my child is medically fit to participate in extra-curricular sports with the following restrictions. I acknowledge that, depending upon the conditions/symptoms identified, a follow-up meeting with the coach, athletic director and/or school principal may be required to determine next steps to ensure the safe participation of my child.

I hereby give permission for emergency medical treatment to be administered to my child as may be determined in the reasonable discretion of their coach. It is understood that whenever reasonably possible, I (or emergency contact provided in the event I am not able to be contacted) will be contacted and informed of the medical concern, diagnosis, treatment required and anticipated medical results.

Should there be any change in my child's medical status during the course of this school year, I will promptly inform the coach and/or athletic director.

School: _____ School Year: _____ Date: _____

Student-Athlete name: _____ Care Card Number: _____

Parent Name: _____ Parent Signature: _____

Parent Phone Number(s): _____

Emergency Contact Name and Phone Number: ____