



LOWER RISK ELEMENTARY FIELD TRIP
PARENT CONSENT FORM

Principal's approval: [Signature]
Please return before: Friday, April 17

Activity: Lahal Tournament Teacher: Mrs. Regan's Class & Ms. Mann's Grade 4's
Location: Skeetchestn Community School Date(s): Friday, April 24, 2026
Departure time from school: 10:00 AM Arrival time back at school: 2:30 PM

Overview Itinerary for the Field Trip Program:
We will travel by bus to Skeetchestn Community School for their annual Lahal Tournament. Skeetchestn will be providing lunch. Please send a recess snack and a water bottle for your child.

Transportation: [] Walking to and from the activity [x] Transported by school bus
[] Driven in private vehicles [] Drivers required

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 Required: Yes [] No [x] Lunch Required: Yes [] No [x]
Fee to be Paid: Yes [] No [x] Amount Required: \$ N/A

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

PERMISSION SLIP

I have read and am informed about the proposed field trip to Lahal Tournament on Friday, April 24, 2026. I request that my child/youth participate in this trip. I understand there is a cost involved and have enclosed \$ 0.00 with this form.

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 Board Policy #240 Student Behaviour - Discipline 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: Phone: Cell:

I can help drive # students with seatbelts. 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: Initials: