SCHOOL DISTRICT NO. 73 (Kamloops - Thompson)

LOWER RISK ELEMENTARY FIELD TRIP PARENT CONSENT FORM

Principal's Approval: Karla Chen

Please return before: September 18, 2026

Activity: Neighbourhood Walks

Teacher: All Classes

Location: Surrounding areas of the school

Date(s): September 2026 - June 2027

Departure time from School: school hours

Arrival time back to school: 2:34 PM

Overview Itinerary for the Field Trip Program: Walks include: public library, lake area, public playground, fire hall, school perimeter and Savona Access Road

Transportation: ☑ Walking to and from activity
☐ Driven in private vehicles
☐ Other _____
☐ Transported by School Bus
☐ 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 ☐ Yes ☑ No

Lunch Required ☐ Yes ☑ No

Fee to be Paid ☐ Yes ☑ No

Amount Required $ 0.00

✂* **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 Neighbourhood Walks on various dates in 26/27

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: _____

Phone number (I can be reached during the time of the field trip): _____

Teacher/Office Use Only

Fee for Field Trip Received: Yes ☐ No ☐ Amount: _____ ☐ Cash/Chq ☐ SchoolCash Online Initials: _____