



# LOWER RISK ELEMENTARY FIELD TRIP PARENT CONSENT FORM

Principal's approval: [Signature]  
Please return before: Tues. Jan. 27th

Activity: Tier 3 Basketball Games Teacher: Ms. Chernoff / Ms. Mann  
Location: AE Perry, KCS & South Sahali Elem. Date(s): Wednesdays, Feb. 4, 11, 18, 2026  
Departure time from school: 2:00 PM Arrival time back at school: 4:30 PM

Overview Itinerary for the Field Trip Program:  
Students will be driven by parent drivers to and from basketball games in Kamloops. Parents who are not driving must be at Savona Elementary for student pick up by 4:30 pm. Please fill out attached driver information sheet.

Transportation:  Walking to and from the activity  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  \*Driving Lunch Required: Yes  No   
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.

### PERMISSION SLIP

I have read and am informed about the proposed field trip to BBall Games on Feb. 4, 11, 18, 2026.  
I request that my child/youth \_\_\_\_\_ participate in this trip. I understand there is a cost involved  
and have enclosed \$ N/A 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: \_\_\_\_\_

Basketball Games will take place on Wednesdays during February. A volunteer driver form is mandatory for any parent taking students who are not their own. Please fill out the form attached to this package and bring it to the office with your insurance papers for verification.

**Driving Information:**

**Wednesday, February 4th at AE Perry Elementary – leave Savona at 2:00 pm**

- I will be driving my child to and from the basketball game. I can take \_\_\_\_ students with me, *including* my child. Volunteer Driver's Name: \_\_\_\_\_.
- My child will need a ride to this game. I will be at Savona Elementary to pick my child up by 4:30 pm.

**Wednesday, February 11th at Kamloops Christian School – leave Savona at 2:00 pm**

- I will be driving my child to and from the basketball game. I can take \_\_\_\_ students with me, *including* my child. Volunteer Driver's Name: \_\_\_\_\_.
- My child will need a ride to this game. I will be at Savona Elementary to pick my child up by 4:30 pm.

**Wednesday, February 18th at South Sahali Elementary – leave Savona at 2:00 pm**

- I will be driving my child to and from the basketball game. I can take \_\_\_\_ students with me, *including* my child. Volunteer Driver's Name: \_\_\_\_\_.
- My child will need a ride to this game. I will be at Savona Elementary to pick my child up by 4:30 pm.

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

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**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: \_\_\_\_\_

# 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

### Tier 3 Co-Ed Basketball Schedule 2026

No Score Entry Required

Wed February 4	Wed February 11	Wed February 18
Savona @ AE Perry	Savona @ KCS 1	KCS 2 @ OLPH
OLPH @ KCS 1	KCS 2 @ AE Perry	AE Perry@ KCS 1
KCS 2 @ South Sahali	South Sahali @ OLPH	Savona @ South Sahali