



Mother d'Youville School 5-9

5330 Rue Parc, Beaumont
AB, Canada T4X 1W4
780-929-0792

Local Field Trip Parent Permission Letter

Field Trip Activity Advent Retreat at the School

Location/ Destination Ecole Mother D'Youville School

Field Trip Details

We will be having our Advent Retreat at the school from 4:30 PM until 8:30 PM.

Date of Field Trip	Start: <u>Dec 5, 2019</u>	Time of Departure _____
	End: <u>Dec 5, 2019</u>	Time of Departure from Venue _____
		Time of Return <u>8:30 PM</u>
Cost	<u>Food Bank Donation</u>	

Integration of the events and activities with Program of Studies / Educational Value

Advent Retreats support the liturgical season of Advent and help us to begin our preparation for the Christmas season

Grades Attending 5-9

Number of Attending Students _____

Number of Attending Teachers 5

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Number of Additional Volunteers 0

Lead Teacher and Contact Jordan Robinson/Angela Rastovski

Attending Teachers, Supervisors and Volunteers

Tyson Roth/Jennifer Nordhagen

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation N/A

Risks - Inherent, special or unusual risks associated with the field trip

Date Submitted for Approval Nov 25, 2019

Signatures


Principal (Signature)

Jordan Robinson
Print Name

Nov. 25/2019
Date

Lead Teacher (Signature)

Print Name

Date

Mother d'Youville School 5-9

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Dec 4,2019**

Student Name _____ Grade _____

Field Trip Activity Advent Retreat at the School Start Date Dec 5,2019 End Date Dec 5,2019

Location Ecole Mother D'Youville School

Method of Transportation N/A

Please Indicate your fieldtrip payment method:

SchoolCash Online \$ _____

Cheque # _____

Cash \$ _____

Additional Information / Explanation

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), (NAME OF STUDENT HERE) _____ is to act in accordance of the School Act, District policy and rules as to student conduct. St. Thomas Aquinas Roman Catholic Separate Regional Division #38 does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

I understand that St. Thomas Aquinas Roman Catholic Separate Regional Division #38 assumes no financial liability to the students and/or their parents/guardians should the board cancel or interrupt an approved student trip / excursion for any reason whatsoever. I understand no parents/guardians shall be reimbursed for the loss of any field trip monies if the field trip/excursion is cancelled or interrupted. This includes any form of deposit. However, a parent shall be reimbursed field trip/excursion monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip/excursion, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances. I further understand that, in all instances, the board reserves, in full, the right to make any cancellation or interruptions it deems fit.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and/or travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

I understand and accept the above and provide the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 with the following waiver of liability and RELEASE AND INDEMNIFICATION AGREEMENT. I hereby release the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 and its' staff and agents from any and all liability for any injury sustained regardless of how caused, resulting from participation in the aforementioned field trip/excursion.

My child will attend the event: _____

Alberta Health Care Card Number: _____

Emergency Parent Contact: _____

Emergency Parent Phone Number: _____

My child will NOT attend the event: _____

Parent Signature: _____ Date: _____

Parent signature is required regardless if the child is attending the event or not. This form is REQUIRED to be returned to school.

If you are experiencing financial difficulties please contact the principal in confidence.