



## 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** VISIT TO A MUSEUM

**Location/ Destination** TELUS World of Science 11211 142 Street NW, Edmonton, AB  
780.451.3344

#### Field Trip Details

The students will be put into 3 groups:

Group A- Electric Car Garage (9:30-11:00 am) 5A & 5T

Group B- Electric Car Garage (12:00-1:30 pm) 5K

Group C- Electric Car Garage (12:00-1:30 pm) 5M

The remaining time will be spent exploring the permanent exhibits or having lunch.

<b>Date of Field Trip</b>	Start: <u>Dec 5, 2019</u>	Time of Departure	<u>8:45 am</u>
	End: <u>Dec 5, 2019</u>	Time of Departure from Venue	<u>2:15 pm</u>
		Time of Return	<u>3:00 pm</u>
<b>Cost</b>	<u>\$18 per student</u>		

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

Science: Electricity

**Grades Attending** 5

**Number of Attending Students** 79

**Number of Attending Teachers** 3

**Number of Non-Teaching School Staff** 3

**Number of Attending Volunteers** 9

**Number of Additional Volunteers** 4

**Lead Teacher and Contact** Pamela Anderson

#### Attending Teachers, Supervisors and Volunteers

Jolene Korethoski  
Andrea Medcke

#### 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** Bus

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

All manner of injuries resulting from slip/trip/fall

Exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries associated with participation in planned activities during the field trip.

All manner of injuries resulting from use of equipment, materials or facilities.

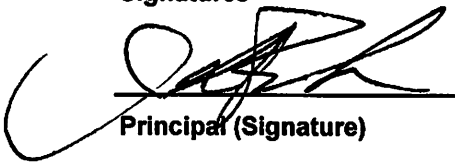
Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones, etc.

Slip/Fall exposures with stairs, ramps, dark areas, seating.

All manner of injuries and/or death which may result in the transportation to and from the facility.

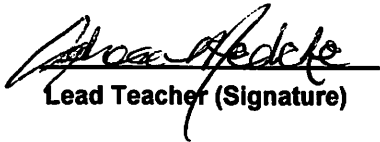
Date Submitted for Approval Nov 19, 2019

**Signatures**

  
Principal (Signature)

Jordan Robinson  
Print Name

Nov. 19/19  
Date

  
Lead Teacher (Signature)

Nov. 19/19  
~~Print Name~~ Date

Andrea Medcke  
~~Date~~ Print Name

**Mother d'Youville School 5-9**  
**PARENTAL CONSENT**

**Parental Consent and Total Costs (if applicable) due by:**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Field Trip Activity** VISIT TO A MUSEUM **Start Date** Dec 5,2019 **End Date** Dec 5,2019

**Location** TELUS World of Science 11211 142 Street NW, Edmonton, AB 780.451.3344

<b>Parent volunteers are needed:</b> Yes <input checked="" type="checkbox"/> <b>Number Required</b> <u>4</u>
<b>I am willing to volunteer:</b> Yes <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Phone #</b> _____
<b>Name</b> _____ <b>Relationship to Student</b> _____

**Method of Transportation** Bus

**Please Indicate your fieldtrip payment method:**

SchoolCash Online \$ \_\_\_\_\_ Cheque # \_\_\_\_\_ Cash \$ \_\_\_\_\_

**Additional Information / Explanation**

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**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.

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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.