**FIELD TRIP PARENT PERMISSION**



**DETAILS OF THE TRIP:**

School: **Hudson Road Elementary** School Phone No.: **250-870-5141**

Teacher Contact: **Tyler Friesen/Jennifer Adamson** Destination: **Royal LePage Arena**

Purpose of Trip: **To participate in skating activities as part of our Health and Physical Education learning outcomes**.

Description of Activities/Itinerary: **Skating at Royal LePage Arena with Mrs. Adamson and Mr. Friesen’s grade 5 classes. We will leave Hudson Road at 30 minutes prior to our skating times and return to the school afterwards.**

Inherent Risks of Participating: **Road hazards associated with foot travel to and from the Arena. All risks associated with skating such as possible trips and falls, bumps, bruises, cuts, broken bones, head injuries, and sprains. Risks Associated with Poor Decision Making and/or Not Following Rules / Instructions.**

Group of Students: **Mrs. Adamson and Mr. Friesen's Grade 5 Classes**

No. of Students: **35** No. of Teachers/Supervisors: **4+**

Departure Dates (M/D/Y): **10/15/2019 and 10/22/2019 and 12/19/2019**

Departure Times: **9:00am, 9:00am, 9:00am**

Return Dates (M/D/Y): **10/15/2019 and 10/22/2019 and 12/19/2019**

Return Time: **11:00am, 11:00am, 11:00am**

**TRANSPORTATION:**

School District Bus **[ ]** Wheelchair Access **[ ]** City Transit **[ ]** Private Vehicle **[ ]**

Rented Vehicle **[ ]** Commercial Carrier **[ ]** Foot/Bicycle **[ √ ]**

**Mrs. Adamson / Mr. Friesen Skating**

October 15th, October 22nd, December 19th

**PARENT/GUARDIAN CONSENT:**

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field trips, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate and travel as described.

Name

Student’s BC Medical #

Medical concerns, allergies, medication requirements

Signature Date

**Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I would like to volunteer for this trip on**

\_\_\_ Tuesday, October 15th: 9:30 – 10:30 am - Royal LePage Place

\_\_\_ Tuesday, October 22nd: 9:30 – 10:30 am – Royal LePage Place

\_\_\_ Thursday, December 19th: 9:30 – 10:30 am – Royal LePage Place