

**FIELD TRIPS
STUDENT PARTICIPATION CONSENT FORM**

APPENDIX I

PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION

Student Name: _____

This form must be returned by (mm/dd/yy): Friday, November 23, 2018

School: Sir George Simpson **Teacher** Homeroom Teacher
_____ :

Grade or Program: Grade 9 **Date:** Wednesday, December 12, 2018

Activity or Event: A Christmas Carol at The Citadel Theatre

Description of the Proposed Educational Activity(ies) or Event(s):

We will be viewing a production of Charles Dickens' A Christmas Carol

Arrangement for Supervision: Homeroom teachers and other school staff.

Proposed Itinerary (including method of transportation):

- 10:14 Students will eat lunch in the lunchroom
- 10:30 Busses leave Sir George Simpson
- 11:00 Arrive at The Citadel Theatre and line up for the show
- 12:00 - 2:30 View the production
- 2:30-2:45 Busses leave The Citadel
- 3:00-3:15 Arrive at Sir George Simpson

Student Health or Medical Conditions (of which we should be aware):

Cost to Student (if any): \$ Included in school fees

1. I/we acknowledge that:

- there may be inherent physical risks involved with this activity,
- despite reasonable precautions, accidents can occur and the student identified below could possibly sustain personal or physical injury through his or her participation,
- the Board, its employees, or agents will not be held liable for any damage or injury that may occur during this activity except where such damage or injury occurs as a result of the negligence of the Board, its employees or agents.

2. I/we am/are aware that insurance coverage for the student is primarily the responsibility of the parent or guardian.
3. I/we will inform the organizers of this activity of all pertinent health concerns and physical conditions regarding the student named below.
4. I/we am/are aware that, as applicable, an alternate "in-school" learning activity will be provided for students not accompanying the group on this activity.
5. I/We have read and understand the physical activities information above and hereby release St. Albert Public Schools from any claims by me/us in regard to this activity except in those circumstances where the board, its employees, or agents are negligent. I/we give consent and permission for _____
(student's name) to participate in the learning activity described.

Signature of Parent(s) or Guardian(s): _____

Date: _____

Parent or Guardian Contact Information:

Name: _____

Phone: _____ **Alternate Phone:** _____

An Alternate Emergency Contact is:

Name: _____ **Phone:** _____

Relationship to Student: _____