

### AP 308-4 Field Trip Parent/Guardian Consent Form

To be completed by Staff. Parent/Legal Guardian to retain top half for information

Staff: This form should only be emailed if consent has been provided to receive email communications by recipient.

SCHOOL: Robert Bateman Sec

Dear Parent/Legal Guardian:

As part of their educational experience at school, our students will occasionally participate in a field trip. School District procedure requires that each student participating receive written consent from his/her parent/legal guardian.

On April 1, 5, 12, 22 (date), Outdoor Ed 11 (grade and division) class will visit

Clayburn Creek, Mecca Peak, Abby Ground, Mt. Thom (location) travelling by: School bus (bus, private vehicle, other)

The main purpose of this trip and its relation to the curriculum is: \_\_\_\_\_

Hiking

The cost of this field trip is \$ course fee per student. Additional expenditures will be covered by our field trip budget. (Note: Fees may be waived for reasons of financial hardship. Contact your school administrator.) Any costs associated with this trip will be in compliance with AP 317 – Student Fees

Materials needed: Dry pack, snacks, hiking footwear, jacket, water.

Departure Date & Time: see course sched. Anticipated Return Date & Time: see course schedule.

The class will be supervised by (number): 2 teachers \_\_\_\_\_ parent volunteers.

Supervisor in Charge: J. Crocker

**PARENTS/LEGAL GUARDIANS ARE REMINDED TO MAKE ANY SPECIAL ARRANGEMENTS WHICH MAY BE REQUIRED WITH RESPECT TO MEDICAL OR OTHER INSURANCE COVERAGE.**

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete the form on the next page and return it to your school.

Field Trip Location see first page. Date(s) April 1, 5, 12, 22

I hereby give consent for my child \_\_\_\_\_ to participate in the  
planned field trip. (student's name)

Medical Concerns (if any) \_\_\_\_\_

I confirm that my child is covered by BC Medical Plan. MSP# \_\_\_\_\_

I confirm that my child is covered by a private medical plan  
Name of Insurance Plan \_\_\_\_\_ Policy # \_\_\_\_\_

If this trip involves travel outside of Canada, I confirm that my child is covered by extended medical insurance for "Out of Country" travel.

Name of Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

Accidents can be the result of the nature of the activity and can occur with or without any fault on the part of the student, the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

NOTE: If other travel arrangements have been made, written consent of the parent/legal guardian is required

## AP 308-5 Field Trip Consent and Waiver Form for Participation in a Higher Risk Activity

School: Robert Bateman Sec.

Dear Parent/Legal Guardian:

If you would like your child to partake in this high risk activity, please complete the waiver form below.  
(\*Please initial you have read each paragraph in the space provided. )

In consideration of Abbotsford School District offering my child, \_\_\_\_\_

an opportunity to participate in a field trip on April 15, 22 (name) \_\_\_\_\_, I waive any and all  
(date)

claims I may have against, and release all liability and agree not to sue the Board of Education of School District No. 34 (Abbotsford) and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my child's participation in the field trip, arising out of any cause whatsoever.

I hereby give my consent, and acknowledge by my signature that students will be going to:

Clayburn Creek, McKee Peak, Abby Grind, Mt. Thom and will be away from the school from  
(location)

April 15, 22 - Between 8 AM. to April 15, 22 and 3:30pm.  
(date/time) (date/time)

They will be traveling by (school bus/public transport/private vehicle).

\_\_\_\_\_ Initial\*  
Description of Field Trip and Relevant Information: (Description of the activity; necessary skills/ competencies; training and safety equipment required).

- HEIKING ON VARIED TERRAIN- FLAT TO STEEP
  - Sturdy footwear.
  - Basic fitness level- Abby Grind- moderate to hard.
- \_\_\_\_\_ Initial\*

Supervision: (Description of what levels of supervision will/will not be provided).

2 Teachers - (Not always able to visually see students)

\_\_\_\_\_ Initial\*

My child has no illnesses, allergies or disabilities that would preclude him/her from participating, except as described here: \_\_\_\_\_

\_\_\_\_\_ Initial\*



I am aware of the usual risks and dangers inherent in participation in all of the activities associated with this trip, and of the possibility of personal injury, death, property damage or loss resulting from the activities. The dangers and risks may include, but are not limited to:

- 1. Slippery Surfaces
- 2. Trees & Vegetation
- 3. Travel
- 4. Animals

\_\_\_\_\_ Initial\*

I will supply suitable equipment and clothing for my child's participation in all activities associated with the field trip, including: Day Pack, Water, Snacks, Hiking Footwear, Jacket.

I am aware that I should contact the school for further information if I am unaware what clothing and equipment is required for the activities or possible weather conditions of this field trip. My child and I understand that it is our responsibility to ensure my child has all necessary equipment and clothing.

\_\_\_\_\_ Initial\*

My child and I understand that the school's Code of Conduct applies during this field trip. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home.

\_\_\_\_\_ Initial\*

I also agree to follow all rules and regulations of the competent professional and/or site rules and regulations.

\_\_\_\_\_ Initial\*

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the Board of Education or its employees or agents, or the facility where the activity is taking place. By allowing my son/daughter to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child.

\_\_\_\_\_ Initial\*

In signing this Consent and Waiver, I am not relying on any oral or written representation or statements made by the Board of Education and its servants, agents, employees, or authorized volunteers, or the Ministry of Education, to induce me to permit my child to take the trip, other than those set out in this Consent and Waiver.

\_\_\_\_\_ Initial\*

I am 19 years of age or older and have read and understand the terms of this Consent and Waiver, and understand that it is binding upon me, my heirs, executors and administrators.

\_\_\_\_\_ Initial\*

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Parent/Legal Guardian (please print)

\_\_\_\_\_  
Name of Witness (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

NOTE: When an International student requires an authorized signature for a field trip, the supervisor should contact the International Student Program office for direction