

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: _____

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 _____, _____ class will visit
(date) (grade and division)

_____ travelling by: _____
(location) (bus, private vehicle, other)

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

The cost of this field trip is \$_____ 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: _____

Departure Date & Time: _____ **Anticipated Return Date & Time:** _____

The class will be supervised by (number): _____ teachers _____ parent volunteers.

Supervisor in Charge: _____

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 _____ Date(s) _____

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