

Stony Plain Central Offsite Field Trip Permission

Date of Activity	Monday, September 27th, 2021		Teacher(s)	Mr. Wangler, Mrs. Benson, Miss Mitchell	
Activity	Activities at Camp YoWoChAs		Grade(s)	Grade 7	
Location	Camp YoWoChAs		# of Parent Helpers Req'd		
Start Time	8:45am	Busses leave before O Canada	End Time	3:05pm	Back for busses home
Lunch	Bring a bag lunch and 1-2 water bottles		Please Return Form By	Forms due Wednesday, September 22, 2021	
Comments	Make sure to dress for the weather as we are outside for the entire day!				

ACKNOWLEDGEMENT OF RISK AND INFORMED CONSENT

I/We acknowledge that my child will participate in the fieldtrips/activities as outlined. These activities involve certain risks, dangers and hazards to the participants. These may include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience and trip or event cancellation or curtailment.

I/We understand that during these activities, authorized staff of Parkland School Division staff, supervisory adults, as well as employees of other agencies associated with this activity will endeavour to instruct, protect, and care for the well-being of my child as would I in their place, including making decisions regarding the medical care of my child and/or transportation to receive medical care.

I/We understand that my child will be expected to uphold the behaviour expectations of students of Parkland School Division as in any other school endeavour as outlined in the Student Code of Conduct. I understand that my child's failure to abide by behaviour expectations could result in his/her removal from the activity.

I/We have discussed the risks and expectations of this activity(s) with my child and have confidence that my child has understood them. I am aware that every parent has the right to deny his/her child's participation in an off-site activity and that this activity(s) is/are not a prerequisite for the completion of any required course of study. As parent/guardian, I will ensure my child is appropriately prepared and has the necessary equipment.

I/We are aware that the Program Facilitator reserves the right to postpone, terminate or cancel an activity at any time and with little notice if the activity can no longer be conducted in a safe and secure manner.

I/We understand that the Superintendent of Parkland School Division 70 may cancel or interrupt any approved off-site activity at any time up to the point of return from that activity, where the Superintendent considers the safety and well being of students and supervisors to be at unusual risk, real or potential, due to emergent circumstances. Such a decision will consider any emergent change in social, political, health, legal or physical environment that may contribute to risk greater than that which existed when the offsite activity was originally given approval. Further, I/we understand that only those costs will be reimbursed that are made available or returned to Parkland School Division as a product of the cancellation of the offsite activity.

I/We have read and understood the above statements at my leisure, understood the nature of the document and its content. I consent to the participation of my child in this activity and associated activities.

Student Name

Homeroom

Class/Teacher

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Phone Number

This permission sheet must be returned for your child's participation – written notes or phone calls are not acceptable