

**PARENT/GUARDIAN/ADULT STUDENT CONSENT  
FOR FIELD TRIP/EXCURSION**

To be completed by the parent/guardian/adult student for all field trips/excursions and returned to the school.

School: Westheights Public School

Field Trip Destination: Chicopee Tube Park

Field Trip Date(s): Friday, March 13/15

**Element of Risk:** The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activities.

**Medication:** If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form *Administration of Medication* (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (\*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.)

**I have read and understood the information on the *Field Trip/Excursion Information for Parent Form* (IS-04-F-1).**

\_\_\_\_\_ has my permission to participate in this field trip/excursion.  
(Student Name)

Date: \_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

I have enclosed \$17.00 for the trip in the form of cash or a cheque made payable to Westheights Public School.

**Please return signed and completed form along with the money by Thursday, March 05.**

Please Detach and Return Form F-2

**FIELD TRIP/EXCURSION INFORMATION FOR  
PARENT/GUARDIAN/ADULT STUDENT**

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School: Westheights Public School

Principal: N. Jutzi School Phone: (519) 744-3549

Grade/Class/Course: 8 Teacher(s): Grade 8 teachers

Destination: Chicopee Tube Park

Learning Expectations for the Trip: To participate in an outdoor physical activity.

Departure Date: March 13/15 Time: 9:00 a.m.

Return Date: March 13/15 Time: 2:10 p.m.

Type of Transportation: Bus Cost of Excursion: \$17.00

Name, Address, and Telephone Number of Travel Agency or other Outside Organization: (if applicable)

Specific Activities of the Excursion: \_\_\_\_\_

This is Identified as a Higher Risk Activity:  Yes  No

High Risk Activities are:

- Canoeing       Camping       Sailing       Cycling
- Swimming       Rock Climbing       Nordic Skiing       Alpine Skiing
- Snowboarding       Other \_\_\_\_\_

Special Information (e.g., clothing, materials, lunch): Winter hat, gloves, winter coat, snow pants if available, boots. Lunch may be brought or purchased at Chicopee.

Teacher in Charge: R. Hazineh

Volunteers Needed  Yes  No

If Yes  For Supervision on the Excursion.

For Driving.