

Keep

IS-04-F-1

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 P.S.
Principal: Mrs. N. Jutzi School Phone: (519) 744-3549
Grade/Class/Course: 8 Teacher(s): Gr. 8 staff
Destination: Toronto
Learning Expectations for the Trip: See note.

Departure Date: Monday, May 11 Time: 8:30 AM
Return Date: Same Time: 3:30 PM
Type of Transportation: School Bus Cost of Excursion: \$40

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

Specific Activities of the Excursion: Romeo + Juliet performance.

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): Bring a bag
lunch or money to purchase lunch
Teacher in Charge: Mrs. S. Shank

Volunteers Needed Yes No

If Yes N/A For Supervision on the Excursion.

N/A For Driving.

Return with payment by
APRIL 16th

IS-04-F-2

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 P.S.
Field Trip Destination: Toronto
Field Trip Date(s): Monday May 11, 2015

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's Name)

NOTE: If volunteers are required, please check if you are able to assist.

I can supervise on the excursion. N/A

I can drive _____ students.

If volunteer drivers are used, I give permission for my son/daughter to travel with a responsible volunteer driver: (please check)

Date

Signature of Parent/Guardian/Adult Student

Please Detach and Return Form F-2