

Form B Page 1

Northern Gateway Public Schools

Parental

INFORMED CONSENT/PERMISSION FORM

For Field Trips and Excursions

Parents, the following grade(s), class, or team is planning a school related field trip. Please read this parental permission form carefully, completing the shaded section, and then sign and return to your child's school.

School: Hilltop High School	Grade(s), Class or Team:	
	Grade 9	
Title of Activity:	Date(s) of Trip:	
RISK Field Trip	April 27, 2022	
Location of Activity: Whitecourt Town Shop	Time of Departure: 9:30 A<	Time of Return: 3 PM
Description of Activity:		
Travel to Whitecourt Town Shop to hear speakers disciss trauma and risky behaviour. There is also a mock car crash.		
Educational Purpose of Trip:		
The field trip satisfies a number of Health curricular outcomes.		
Method of Transportation: School Bus School of X	or Division Van Private Vehicle	Walking Other:
Costs to students:	. 0	. 0
Transportation: \$0 Activity costs: \$0	O Equipment Rental \$	Other: \$0
Total: \$0		
Supervisor/student ratio: Supervisor Qualifications:		
: : Teachers and supp	ort staff	
Description of specialized clothing or equipment required: Dress warmly and in layers to accommodate for temperature variations.		
Rules & expectations for student conduct: Students are expected to follow all school rules.		
Parents, which of the following best describes your child's ability level in the associated field trip activity:		
Expert Intermediate Beginner	Comments:	
Safety Elements:		
Educational activity programs require attention to safety. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of safety concerns related to the trip noted above.		
Such concerns result from the nature of the activity and can occur without fault of either the student, or the school board, its' Employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, are accepting the risk that you/your child may be injured.		

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(Please see the attachment for trip itinerary)		
OPT OUT		
I do not give my child permission to participa	ite in this activity.	
PARTICIPATE IN THE ACTIVITIES ASSO	ACKNOWLEDGEMENT: GNING BELOW, ACKNOWLEDGE THAT WE ALLOW OUR CHILD TO DICIATED WITH THIS FIELD TRIP, AND IN DOING SO, RECOGNIZE AND THERE MAY BE ASSOCIATED RISKS INVOLVED.	
I give my child,	, permission to participate in the above-described activity	
Signature of Parent/Guardian:	Date:	
Signature of Student:	Date	

Parents: Please sign and return this form to your child's school. Thank you.

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