

**GOLDEN HILLS SCHOOL DIVISION NO. 75**  
**PARENT/GUARDIAN FIELD STUDIES/STUDENT EXCURSION FORM**  
**APPENDIX 351A**

SCHOOL PCA Jr/Sr DATE May 17, 2013

The Grade 12 class will be taking part in a field trip to: Highwood River

The purpose of the trip is: Final class bonding experience before graduation.

The trip on June 6 will begin at 5:45 a.m. and will return to June 6 at 11:30 a.m.

The phone number(s) at the destination(s) is/are: (1) 403-988-6690  
(2) \_\_\_\_\_ (3) \_\_\_\_\_

The itinerary will be as follows (note places, times and activities) *Please attach.*

The driver(s) and vehicles(s) will be: Rendezvous Charter

The students will be under the supervision of (names listed): M. Robertson, S. Guedes, P. Armbruster

The total cost per students for this trip will be \$ 165 broken down as follows:

\*50 - Transportation  
\*115 - Rafting + meals (lunch/supper)

Educational activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, the risks involved and injuries that may result:

Risks	Injuries
1. <u>Driving</u>	1. <u>Cuts</u>
2. <u>Walking</u>	2. <u>Bruises</u>
3. <u>Rafting</u>	3. <u>Sprains</u>

The risk of sustaining these types of injuries 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 the activity, you are accepting the risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

The following precautionary measures will be taken:

Professional rafting guides with Standard First Aid training.

NOTE: As this trip is considered a regular school activity all normal discipline policies and expectations apply. Any student involved in alcohol or drugs will be severely disciplined. In the case of an extended trip, the parents will be asked to take their child back before the end of the trip.

Students not taking part in the field trip will remain at school and be engaged in Regular classes

If you require more information or wish to discuss the field trip further, please contact the undersigned teacher or principal at 403-443-4220

(Phone No.)

[Signature]  
Signature of Teacher

[Signature]  
Signature of Principal

PLEASE SIGN AND RETURN ONE COPY OF THE FORM AND RETAIN A COPY FOR FUTURE REFERENCE

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**PARENT/GUARDIAN CONSENT**

RE: STUDENT \_\_\_\_\_

Grade: \_\_\_\_\_

(check appropriate box)

I hereby consent to \_\_\_\_\_ participating in a field trip to Highwood River and agree to pay the proposed costs if the trip proceeds. If the Board of Trustees deems that it is inappropriate for the trip to proceed for safety reasons, I understand that I will be responsible for any cancellation cost, as they relate to my child.

Thank you. I do not wish my child to participate in the field trip.

**HEALTH AND CONTACT INFORMATION**

Alberta Health Card No. \_\_\_\_\_

Indicate any health related problems this child has:

Special medical, dietary or other instructions:

Parents/Guardians phone numbers: Home \_\_\_\_\_ Business \_\_\_\_\_

The following person(s) should be contacted in the event that parents can not be reached:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**EMERGENCY PERMIT**

In the case of a medical emergency, I hereby give permission to the physician selected by the supervising teacher to hospitalize, treat and to order injection, anesthesia or surgery for my child or ward as named above in the event I cannot be contacted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date