



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: RICH VALLEY SCHOOL		Grade(s), Class or Team: Golf Team	
Title of Activity: Golfing		Date of Trip: October 1, 2024	
Location of Activity: Barrhead Golf Course		Time of departure: 9:30	Time of return: 2:00 pm
Description of Activity: Practice For Golf Team			
Educational Purpose of Trip:			
Method of Transportation: School Bus <input type="checkbox"/> Division Bus <input checked="" type="checkbox"/> Private Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Other: <input type="checkbox"/>			
Costs to students: Transportation: \$ _____ Activity costs: \$ _____ Equipment Rental \$ _____ Other: \$ _____ Total: \$ _____			
Supervisor/student ratio: _____ : _____	Supervisor Qualifications: Teachers, support staff		
Description of specialized clothing or equipment required:			
Rules & expectations for student conduct: School rules apply			
Parents, which of the following best describes your child's ability level in the associated field trip activity: Expert <input type="checkbox"/> Intermediate <input type="checkbox"/> beginner <input type="checkbox"/> Comments: _____			
Safety Elements: <p>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.</p> <ol style="list-style-type: none"> 1. Vehicle Accidents 2. Breaks, Sprains or Bruises <p>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.</p>			

SEE REVERSE SIDE

Please sign and return to the school before September 27, 2024

THANK YOU!

Northern Gateway Public Schools

Parental

INFORMED CONSENT/PERMISSION FORM

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OPT OUT

I **DO NOT** give my child _____ permission to participate in Activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date _____

ACKNOWLEDGEMENT:

WE HAVE READ PAGE 1, AND BY SIGNING BELOW, ACKNOWLEDGE THAT WE ALLOW OUR CHILD TO PARTICIPATE IN THE ACTIVITIES ASSOCIATED WITH THIS FIELD TRIP, AND IN DOING SO, RECOGNIZE AND ACCEPT THAT THERE MAY BE ASSOCIATED RISKS INVOLVED.

I give my child, _____, permission to participate in the above-described activity. (name of student)

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date _____

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