



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: <b>RICH VALLEY SCHOOL</b>		Grade(s), Class or Team: <b>Golf Team</b>	
Title of Activity <b>Golf Team Competition</b>		Date of Trip: <b>Oct. 7, 2024</b>	
Location of Activity: <b>Whitecourt Golf Course</b>		Time of departure <b>8:50 am</b>	Time of return <b>3:15 pm</b>
Description of Activity: <b>9 Holes of Golf for the GCAA Championship</b>			
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: \$ _____ <b>Total: \$ _____</b>			
Supervisor/student ratio: _____ : _____	Supervisor Qualifications: <b>Teachers, support staff</b>		
Description of specialized clothing or equipment required:			
Rules & expectations for student conduct: <b>School rules apply</b>			
Parents, which of the following best describes your child's ability level in the associated field trip activity: <b>Expert</b> <input type="checkbox"/> <b>Intermediate</b> <input type="checkbox"/> <b>beginner</b> <input type="checkbox"/> <b>Comments:</b> _____			
<p><b>Safety Elements:</b></p> <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"> <li>1. Vehicle Accidents</li> <li>2. Breaks, Sprains or Bruises</li> </ol> <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  
Oct. 4, 2024

THANK YOU!

**Northern Gateway Public Schools**

**Parental**

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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.**