EDMONTON CATHOLIC SCHOOLS

Father Michael Troy Catholic Junior High School
3630 23 St NW
Edmonton AB, Canada T6T 1W7
780-471-1962

Local Field Trip Parent Permission Letter

Field Trip Name	Gr. 7 Band Jumpstart
Field Trip Activity	Gr. 7 Band Jumpstart
Location / Destination	FRANCIS WINSPEAR CENTRE 4 Sir Winston Churchill Square NW Edmonton, AB, Canada
School Travelling With	n/a

After you have carefully read this letter, we ask that you sign and return ***only the*** "Parental Consent" portion to the school (the last page in this document). Please keep the remainder for your information and records.

Field Trip Details

Travel to the Winspear Centre, work in sections with professional musicians to learn how to assemble, care for, and play their assigned instruments, listen to a short concert and return to FMT.

Students will go on either October 8th or October 10th.

Depart FMT at 8:45 am
Depart the Winspear Centre at 12:30 pm
Return to FMT 1:00 pm

7A&B are going on October 8th; 7C&D are going on October 10th. There may be exceptions for students who play oboe, bassoon, or French Horn; these students will be told in advance, and if your child's date is affected, an email will be sent home. This will occur once instruments are picked and clinicians are confirmed.

Teacher job action could affect this field trip, as it is scheduled for after the job action date. Should job action interfere with this trip, parents will be notified and the trip will be re-rescheduled.

Date of Field Trip	Start: Oct 8, 2025	**Time of Departure**	8:45 AM
	End: Oct 10, 2025	**Time of Departure from Venue**	12:30 PM
		Time of Return	1:00
Cost	$40.00 (covers the cost of clinicians as well as the bus)		

Program of Studies Specific Outcomes

PLAYING
To discover, develop and evaluate their talents and abilities relative to playing a musical instrument, and to establish and reinforce correct techniques and skills.

Grades Attending 7A, 7B, 7C, 7D

Course(s) Student(s) Registered In

Instrumental Music 7

Number of Attending Students 119

Number of Attending Administrators _____

Number of Attending Teachers 5

Number of Non-Teaching School Staff 2

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Bethany Eldon

Attending Administrators, Teachers & Subject(s) Taught, Supervisors and Volunteers

Mrs. Bethany Eldon (T), Mrs. Kathleen Lewis (T), Mr. Reid Richard (T), Ms. Danielle Theberge (T), Mrs. Sarah Fox-Kucala (T), Mrs. Shiyama Lesley George (S), Mrs. Ashley King (S)

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation Bus

Carrier Name Yellow - Golden Arrow

Telephone # (780) 447-2433

Equipment Required

Instrument, Mouthpiece, Reed (if applicable), Drumsticks/Mallets (if applicable)

Risks - Inherent, special or unusual risks associated with the field trip

A. COMMON RISKS

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Possible injuries from improper use of equipment resulting in bruises, scrapes, cuts.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All *manner of* injuries resulting from the use of apparatus and equipment.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes,cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

All manner of injuries and/or death which may result in the transportation and transitions to and from each destination and facility.

MUSIC PERFORMANCE

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Possible injuries from improper use of equipment.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries and/or death which may result in the transportation to and from the facility.
MUSIC PERFORMANCE

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Possible injuries from improper use of equipment.

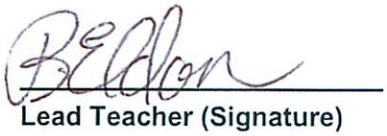
Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Date Submitted for Approval Sep 23, 2025

Signatures

	K. SACERNO	Sept 26, 2025
Principal (Signature)	**Print Name**	**Date**
	Bethany Eldon	Sept 26, 2025
Lead Teacher (Signature)	**Print Name**	**Date**

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Oct 3, 2025

Student Name _____ **Grade** _____

Field Trip Activity Gr. 7 Band Jumpstart Start Date Oct 8,2025 End Date Oct 10,2025

Location FRANCIS WINSPEAR CENTRE
4 Sir Winston Churchill Square NW
Edmonton, AB, Canada

Method of Transportation Bus

Please Indicate your fieldtrip payment method:

Online Payment for $ _____

Additional Information / Explanation

_____

_____

_____

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

_____

_____

_____

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), _____ (name of student) is to act in accordance of the Education Act, Division policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of *such a* change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: _____ Name _____ Date: _____

Relationship: ☐ Mother ☐ Father ☐ Other Legal Guardian

Emergency Parent Contact and Phone Number _____