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 Grade 8 Retreat Camp Yowochas 2025

Field Trip Activity RETREAT

Location / Destination Camp Yowochas
Township Rd 532, Fallis, AB T0E 2K0

School Travelling With

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

Grade 8 Start of the Year Retreat.
Students will participate in a number of activities, such as canoeing, archery, and ziplining. Students will need to bring a bagged lunch and snacks, as there is nowhere to purchase food.
Busses are supposed to arrive back at the school at 6:00pm. Parents/guardians should be at the school for pickup at 6:00pm.

Date of Field Trip Start: Sep 10, 2025 **Time of Departure** 8:45 AM

End: Sep 10, 2025 **Time of Departure from Venue** 4:45 PM

Time of Return 6:00 PM

Cost $50

Program of Studies Specific Outcomes

Grades Attending 8

Course(s) Student(s) Registered In

Number of Attending Students 115

Number of Attending Administrators

Number of Attending Teachers 4

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Jill De Grace (T) (780) 471 - 1962

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

Rod North (T), Bethany Eldon (T), Andrew Amell (T), Sara Nestorovich (T)

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 Cunningham Transport

Telephone # 780-458-3255

Equipment Required

Bagged lunch, water bottle, sunscreen, bug spray

Clothing Required

Runners, layered clothing for all weather conditions, a change of clothes just in case (we will be canoeing)

Other Information

Bring a lunch, as there is no where to purchase food

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

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.

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.

ARCHERY

Slip/Trip/Fall hazards associated with poor court/field conditions, slippery floor waxes, water or sweat on the court, wet grass, outdoor weather conditions.

Injuries resulting from errant arrows, cuts/scrapes from bow, hazards with retrieving arrows, ricochet hazards, horseplay, pinched fingers, punctures.

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

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

CANOEING-DRAGON BOATING

Slip/Trip/Fall hazards associated with wet dock/deck surfaces, change rooms, slippery or muddy boat launches, running, horseplay.

Injury or Drowning exposures due to capsizing, no life jacket or improper size, water too deep for student skill level, swallow water, panic, improper supervision, no life guard on duty, horseplay, inadequate life safety equipment, being hit with a paddle, inadequate training, emergency whistles.

Weather related risks such as sunny/hot temperatures (Sunburn & Dehydration), high winds (increase risk of capsizing), rain, fog, thunderstorms, lightning.

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

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts.

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.

All manner of injuries resulting from tipping a canoe/dragon boat with possible hypothermia.

Weather changes affecting the safety of student canoeing/dragon boating.

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

ZIP LINE

All manner of injuries resulting from swinging with the use of cables, harnesses and ropes.

All manner of injuries resulting from possible equipment failure and/or malfunction.

All manner of injuries resulting from fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

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

All manner of head, neck, spinal injuries.

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

Date Submitted for Approval Jun 20, 2025

Signatures

	K. SACFRN?	Aug 29/25
Principal (Signature)	**Print Name**	**Date**

Lead Teacher (Signature)	Print Name	Date
Jill DeGrace	Jill DeGrace	Aug 29, 2025

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Sep 5, 2025

Student Name _____ **Grade** _____

Field Trip Activity RETREAT Start Date Sep 10,2025 End Date Sep 10,2025

Location Camp Yowochas
Township Rd 532, Fallis, AB T0E 2K0

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 _____

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 Cross Country Running Team Practice

Field Trip Activity WALK/RUN AROUND THE COMMUNITY

Location / Destination Community surrounding Father Michael Troy School

School Travelling With

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

Students will train for the cross country race by running in the Meadows community and ravine.

Date of Field Trip	Start: Sep 2, 2025	**Time of Departure**	3:00 PM
	End: Oct 24, 2025	**Time of Departure from Venue**	
		Time of Return	4:15 PM
Cost	Not Applicable		

Program of Studies Specific Outcomes

Grades Attending 7-9

Course(s) Student(s) Registered In

Number of Attending Students 30

Number of Attending Administrators

Number of Attending Teachers 1

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Jill De Grace (T) (780) 471 - 1962

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

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 Walking/Running

Equipment Required

Running shoes, water bottle, sunscreen, bug spray

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

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

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

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

Date Submitted for Approval Jun 20, 2025

Signatures

Principal (Signature)	**Print Name** K. Saccomo	**Date** Aug 29 /25
Lead Teacher (Signature)	**Print Name** Jill DeGrace	**Date** Aug 29/25

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by:

Student Name _____ **Grade** _____

Field Trip Activity WALK/RUN AROUND THE COMMUNITY **Start Date** Sep 2,2025 **End Date** Oct 24,2025

Location Community surrounding Father Michael Troy School

Method of Transportation Walking/Running

Cost Not Applicable

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 _____

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 Fitness and Phys Ed Run/Walk/Park

Field Trip Activity WALK/RUN AROUND THE COMMUNITY

Location / Destination Community surrounding Father Michael Troy Catholic School

School Travelling With

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

Students will be running and walking through the community surrounding Father Michael Troy and visiting Kittlitz Park in the Meadows community anytime the student has Fitness or Phys. Ed.

Date of Field Trip Start: Sep 2, 2025 End: Jun 23, 2026

Time of Departure 8:30AM

Time of Departure from Venue

Time of Return 3:00PM

Cost Not Applicable

Program of Studies Specific Outcomes

Fitness and Phys. Ed running and walking.

Grades Attending 7 and 8

Course(s) Student(s) Registered In

Number of Attending Students 60

Number of Attending Administrators

Number of Attending Teachers 2

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Jill De Grace (T) (780) 471 - 1962

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

Sarah Fox (T) and Andrew Amell (T)

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 Walking/Running

Equipment Required

Water bottle, sunscreen, bug spray

Clothing Required

Running shoes, fitness/phys. ed attire

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

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

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

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

VISIT TO A CITY PARK

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

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

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

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

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

Close access to rivers, ponds and pools- drowning exposures.

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

Date Submitted for Approval Jun 20, 2025

Signatures

	L. Saccone	Aug 29/25
Principal (Signature)	**Print Name**	**Date**

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by:

Student Name _____ **Grade** _____

Field Trip Activity WALK/RUN AROUND THE COMMUNITY Start Date Sep 2,2025 End Date Jun 23,2026

Location Community surrounding Father Michael Troy Catholic School

Method of Transportation Walking/Running

Cost Not Applicable

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 _____

Lead Teacher (Signature)	Print Name	Date
Jill DeGrace	Jill DeGrace	Aug 29/25