

Local Field Trip Parent Permission Letter

Field Trip Name Grade 9 Retreat

Field Trip Activity RETREAT

Location / Destination Camp Nakamun RR #1, Busby, AB

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 involved in a grade 9 Retreat. The retreat will involve activities such as gymnasium type games, cooperative games, zip line, and canoes and kayaks. Students will be challenged to complete various physical and mental activities. A lunch is included. Students are encouraged to bring water bottles, extra snacks, hats, sun screen, bug spray, a towel and extra clothes if they get wet. Please dress for the weather. Also, please note extended dismissal time due to bussing distance.

Date of Field Trip	Start: <u>Sep 10, 2025</u>	Time of Departure	<u>8:40</u>
	End: <u>Sep 10, 2025</u>	Time of Departure from Venue	<u>5:00</u>
		Time of Return	<u>6:15</u>
Cost	\$55 - Camp Nakamun activities and lunch is \$40 and the bus is \$15 per child. This fee will be added to your child's PowerSchool account.		

Program of Studies Specific Outcomes

Individual and team pursuits.

Grades Attending Grade 9 students

Course(s) Student(s) Registered In

Number of Attending Students 125

Number of Attending Administrators

Number of Attending Teachers 5

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Clotilde Grijó - clotilde.grijo@ecsd.net

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

Jamie Belous (T), Dana Bodmer-Hoff (T), Clotilde Grijó (T), Kiana Khonaissar (T) and Callum Moore (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 yellow bus

Carrier Name Cunningham

Telephone # (780) 458-3255

Clothing Required

Please dress for the weather as we will be outside most of the day. Because we are doing water activities, bring a bathing suit, extra clothes and a towel. A hat, sunscreen and bug spray should also be packed.

Other Information

Please note extended dismissal time due to bussing distance.

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.

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.

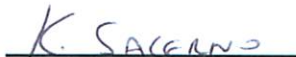
All manner of injuries and/or death which may result in the transportation to and from the facility.

Date Submitted for Approval Jun 24, 2025

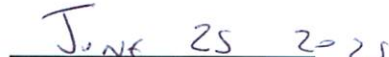
Signatures



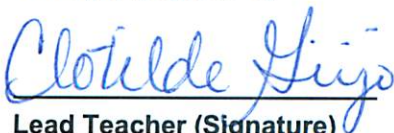
Principal (Signature)



Print Name



Date



Lead Teacher (Signature)



Print Name



Date

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 Nakamun RR #1, Busby, AB

Method of Transportation yellow 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 _____