

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Jan 24, 2025

Student Name _____ Grade _____

Field Trip Activity MUSIC PERFORMANCE Start Date Jan 26,2026 End Date Jan 26,2026

Location HOLY TRINITY 7007 28 Ave NW, Edmonton, AB T8Q 5S2

Method of Transportation School 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: _____

**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 School Bus

Carrier Name Yellow - Cunningham Transport

Telephone # (780) 458-3255

Equipment Required

Students are responsible for bringing their instrument, mouthpiece, music, reed (if applicable), drumsticks and mallets (if applicable)

Clothing Required

Concert dress; black shirt, black pants or skirt, black shoes

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.

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 Jan 5, 2026

Signatures



Principal (Signature)



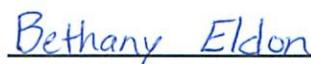
Print Name



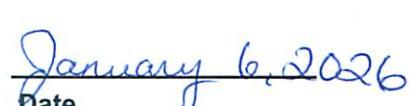
Date



Lead Teacher (Signature)



Print Name



Date



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 Holy Trinity Grade 9 Feeder Band Share Day

Field Trip Activity MUSIC PERFORMANCE

Location / Destination HOLY TRINITY 7007 28 Ave NW, Edmonton, AB T8Q 5S2

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

Holy Trinity High School is hosting its annual Band Share Day, where multiple Junior high Schools will perform for each other and learn more about the High School music program.

Date of Field Trip	Start: <u>Jan 26, 2026</u>	Time of Departure <u>8:30AM</u>
	End: <u>Jan 26, 2026</u>	Time of Departure from Venue <u>12:00PM</u>
		Time of Return <u>12:20PM</u>
Cost	<u>\$5</u>	

Program of Studies Specific Outcomes

JH.MUS.1.1 - Demonstrates ability to combine aural, theoretical, technical and interpretive skills to perform music.

JH.MUS.2.1 - Applies critical listening skills to evaluate and analyse a variety of music

JH.MUS.2.2 - Listens and responds to aural cues in order to enhance performance

JH.MUS.2.3 - Shows understanding of balance and blend within the ensemble

Grades Attending Grade 9

Course(s) Student(s) Registered In

Instrumental Music 9

Number of Attending Students 26

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) Bethany Eldon (Music Teacher) (780) 471-1962
Taught and Contact