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 Nature Walk for Environmental Stewardship Course

Field Trip Activity Nature Walk

Location / Destination Wild Rose walking trail
Kittlitz Park
Silver Berry Park

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 take this outdoor experience to learn about their natural surroundings including the trees and bushes and the animals.
They will learn how to safely traverse across different terrain. Collaborate in small groups to compete in team challenges including climbing on park equipment.

Date of Field Trip Start: Nov 3, 2025 End: Jan 30, 2026

Time of Departure

Time of Departure from Venue

Time of Return

Cost Not Applicable

Program of Studies Specific Outcomes

Students will demonstrate knowledge, skills and attitudes regarding the diversity of environments and life forms within those environments.
a. Students will demonstrate awareness of local and global environments by developing:
• skill in observing and describing an environment based on first-hand observations
• knowledge of some distinguishing features of local and global environments
• knowledge of the diversity of life found within these environments
• a caring attitude for environments and for the diversity of life forms found within them
• an ability to describe the value of these environments to themselves and to others

Grades Attending 7

Course(s) Student(s) Registered In

Number of Attending Students 17

Number of Attending Administrators

Number of Attending Teachers 1

Number of Non-Teaching School Staff 1

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Kathleen Lewis

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

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.
All manner of injuries and/ or death which may result from using, getting on or off, falling from, or component failure of chairlifts, gondolas, or surface lifts.
HIKING

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.

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

Exposure to wildlife, animals and insects.

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

All manner of injuries including but not limited to sprains, torn muscles and/or ligaments, fractures or broken bones, cuts, eye damage, scrapes, wounds, abrasions and/or contusions, oxygen shortage, head, neck, and/or spinal injuries.

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

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

All manner of injuries resulting from forces of nature, accident, hazards of participating in outdoor activities and sports including activities and sports taking place on or near water, illness, allergic reactions and all other manner of injury related to the progrm activities.

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

Date Submitted for Approval Oct 30, 2025

Signatures

	K. SALERNO	Oct 31 / 25.
Principal (Signature)	**Print Name**	**Date**
	Kathleen Lewis	Oct 31/25
Lead Teacher (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 Nature Walk Start Date Nov 3,2025 End Date Jan 30,2026

Location Wild Rose walking trail
Kittlitz Park
Silver Berry Park

Method of Transportation Walking

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 _____