



Father Michael Troy Catholic Junior High School

3630 23 St NW
Edmonton AB, Canada T6T 1W7
780-471-1962

Athletics Field Trip Parent Permission Letter

Field Trip Name Running Room Indoor Games - 8 x 200m Relay

Field Trip Activity TRACK AND FIELD

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 participate in the 8 x 200m relay race on the evening of Thursday, February 12th. The school will provide transportation by bus to the event on the 12th, but guardians must pick up their child after the event on the 12th. If our teams qualify, they will race on the evening of Saturday, February 14th. Guardians must provide transportation to and from the event on the 14th.

Activities

Activity	Date	Time	Location	Address
Game	2/12/2026	3:30PM - 7:30PM	Universiade Pavillion (Butterdome)	11440 87 Ave NW
Game	2/14/2026	8:30PM - 10:00PM	Universiade Pavillion (Butterdome)	11440 87 Ave NW

Cost \$15

Program of Studies Specific Outcomes

Grades Attending 7-9

Course(s) Student(s) Registered In

Number of Attending Students 20

Number of Attending Administrators _____

Number of Attending Teachers 1

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher and Contact Jill De Grace (780) 471 - 1962

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

Detailed Itinerary of the trip (Including, if applicable, information regarding accomodations)

Attached

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

Slip/Trip/Fall hazards associated with poor track & field conditions, pot holes, cracks in the track, wet weather, stairways to fields, players benches, parking lots, seating stands.

Injuries resulting from concussions, ankle roll over, sprains, strains, cleats, falling during competition, being hit by other sports equipment (shot put/javelin/high jump), colliding with others.

Weather related risks such as sunny/hot temperatures (Sunburn & Heat exhaustion), 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.

Date Submitted for Approval Jan 28, 2026

Signatures



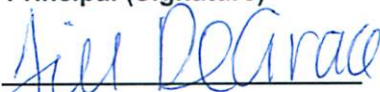
Principal (Signature)

K. SACERNO

Print Name

Jan 29, 2026

Date



Lead Teacher and Contact
(Signature)

Jill DeGrace

Print Name

Jan 29, 2026

Date

Fr. Michael Troy J.H. School

PARENTAL CONSENT

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

Student Name _____ **Grade** _____

Field Trip Activity TRACK AND FIELD

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 _____