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	Opening School Mass at Corpus Christi
Field Trip Activity	Visit to a Church
Location / Destination	Corpus Christi Parish, 2707 34th Street NW Edmonton, AB T6T 1P5
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 walking from FMT to Corpus Christi Parish to attend Mass. After mass, students will walk back to school before dismissal.

Students who require mobility assistance will be transported by the school transporter.

Date of Field Trip	Start: Sep 10, 2026	**Time of Departure**	9:15am
	End: Sep 10, 2026	**Time of Departure from Venue**	11:00am
		Time of Return	11:30am
Cost	Not Applicable		

Program of Studies Specific Outcomes

The field trip connects to the Religious Education for grade seven, eight and nine.

Grades Attending 7, 8, 9

Course(s) Student(s) Registered In

Religion

Number of Attending Students 360

Number of Attending Administrators 2

Number of Attending Teachers 15

Number of Non-Teaching School Staff 6

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Jackie Belland

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

Kandise Salerno (A), Jacqueline Belland (A), Clotilde Grijo (T), Dana Bodmer-Hoff (T), Jamie Belous (T), Rose Miller (T), Kiana Khonaisser (T), Reid Richard (T), Jill DeGrace (T), Rod North (T), Bethany Eldon (T), Kathleen Lewis (T), Danielle Theberge (T), Sarah Fox (T), Callum Moore (T), Michelle Grisales (T), Ashley King (S), Shiyama Lesley George (S), Kristi Hall-Busque (S), Rachel Prince (S), Shally Kaushal (S), 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 Walk/School Transporter for mobility assistance

Clothing Required

Students must wear comfortable shoes as the walk between the parish and the church is 30 minutes. Please dress for the weather as we will be 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.

VISIT TO A CHURCH

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, sidewalk bike trafffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops. LRT, construction zones.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

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

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

WALK/RUN AROUND THE COMMUNITY

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 Aug 27, 2026

Signatures

Principal (Signature)	K. Sacceno **Print Name**	8/27/26 **Date**
Lead Teacher (Signature)	Jackie Belland **Print Name**	8/27/26 **Date**

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Sep 8, 2026

Student Name _____ **Grade** _____

Field Trip Activity Visit to a Church **Start Date** Sep 10,2026 **End Date** Sep 10,2026

Location Corpus Christi Parish,
2707 34th Street NW
Edmonton, AB
T6T 1P5

Method of Transportation Walk/School Transporter for mobility assistance

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 _____