

Local Field Trip Parent Permission Letter

Field Trip Name Cross Country Running Team Practice

Field Trip Activity WALK/RUN AROUND THE COMMUNITY

Location / Destination Community surrounding Father Michael Troy School

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 train for the cross country race by running in the Meadows community and ravine.

Date of Field Trip	Start: <u>Sep 8, 2026</u>	Time of Departure <u>3:00 PM</u>
	End: <u>Oct 12, 2026</u>	Time of Departure from Venue _____
		Time of Return <u>4:15 PM</u>
Cost	<u>Not Applicable</u>	

Program of Studies Specific Outcomes

Grades Attending 7-9

Course(s) Student(s) Registered In

Number of Attending Students 32

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) Taught and Contact Jill De Grace (T) (780) 471 - 1962

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/Running

Equipment Required

Running shoes, water bottle, sunscreen, bug spray

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

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 Jun 16, 2026

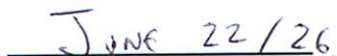
Signatures



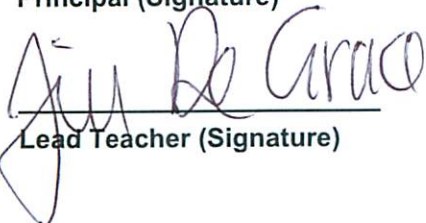
Principal (Signature)



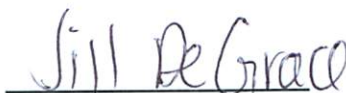
Print Name



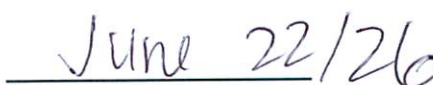
Date



Lead Teacher (Signature)



Print Name



Date

Fr. Michael Troy J.H. School

PARENTAL CONSENT

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

Student Name _____ **Grade** _____

Field Trip Activity WALK/RUN AROUND THE
COMMUNITY _____

Start Date Sep 8, 2026

End Date Oct 12, 2026

Location Community surrounding Father Michael Troy School _____

Method of Transportation Walking/Running

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 _____