



# 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** Grade 9 Band Feeder School Visits

**Field Trip Activity** MUSIC PERFORMANCE

**Location / Destination** Mary Hanley Elementary School (March 9)  
3330 - 37 Street NW, Edmonton, AB T6L 4V9

St. Kateri Elementary School (March 16)  
3807 - 41 Ave NW, Edmonton, AB, T6L 6M3

**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

We will be visiting our feeder schools to promote our band program and get students excited about coming to Father Michael Troy for junior high. This is a fantastic opportunity for our students to perform and show younger students what they can do when they continue on in music.

<b>Date of Field Trip</b>	Start: <u>Mar 9, 2026</u>	<b>Time of Departure</b> <u>12:30</u>
	End: <u>Mar 16, 2026</u>	<b>Time of Departure from Venue</b> <u>2:00</u>
		<b>Time of Return</b> <u>2:15</u>
<b>Cost</b>	<u>Not Applicable</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.1.2 - Reads and plays or sings various combinations of articulations, rhythms, notes, and/or tonalities, appropriate to grade level

**Grades Attending** Grade 9

### Course(s) Student(s) Registered In

Instrumental Music 9

<b>Number of Attending Students</b>	<u>25</u>
<b>Number of Attending Administrators</b>	<u>          </u>
<b>Number of Attending Teachers</b>	<u>1</u>
<b>Number of Non-Teaching School Staff</b>	<u>0</u>
<b>Number of Attending Volunteers</b>	<u>0</u>

Bethany Eldon (Music Teacher) (780) 471-1962

**Lead Teacher & Subject(s)  
Taught and Contact**

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**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 Transporter

**Carrier Name** \_\_\_\_\_

**Telephone #** 780-471-1962

**Equipment Required**

Instrument, Mouthpiece, Reed (if applicable), Drumsticks/Mallets (If applicable), sheet music

**Clothing Required**

All black (pants/skirt/dress, shirt, shoes) with a navy accessory OR FMT shirt

**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.

**MUSIC PERFORMANCE**

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** Feb 24, 2026

**Signatures**

Lead Teacher (Signature)

*[Handwritten Signature]*

Principal (Signature)

*[Handwritten Signature]*

Print Name

Bethany Eldon

Print Name

K. SARENS

Date

February 25, 2026

Date

Feb 25 '26

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Mar 6, 2026

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Field Trip Activity MUSIC PERFORMANCE Start Date Mar 9,2026 End Date Mar 16,2026

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Method of Transportation School Transporter

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 \_\_\_\_\_