



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 Holy Trinity Braided Journey Field Trip

Field Trip Activity VISIT TO A SCHOOL

Location / Destination Holy Trinity High School
7007 28 Ave NW

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

Braided Journeys Transition to Grade 10 Day

This day is a time for connection, learning, and building relationships as we prepare students for the next steps in their education journey. We will start at 9:00 AM and wrap up around 12:30 PM, featuring activities that reflect our shared values, traditions, and community. Breakfast and lunch will be provided.

Students will have the opportunity to meet our Braided Journeys family, learn about the programs and supports we offer, and experience the welcoming community here at Holy Trinity.

Date of Field Trip	Start: <u>Jan 26, 2026</u>	Time of Departure <u>8:40</u>
	End: <u>Jan 26, 2026</u>	Time of Departure from Venue <u>1230</u>
		Time of Return <u>1:00</u>
Cost	<u>Not Applicable</u>	

Program of Studies Specific Outcomes

Discussion around transition to High School

Grades Attending 9

Course(s) Student(s) Registered In

Number of Attending Students 6

Number of Attending Administrators _____

Number of Attending Teachers 0

Number of Non-Teaching School Staff 1

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Amanda Good
Taught and Contact _____

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

Amanda Good (S)

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 Holy Trinity Transporter

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

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, thunderstorms, lightning.

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.

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

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.

All manner of injuries resulting from the use of apparatus and equipment.

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

Date Submitted for Approval Jan 12, 2026

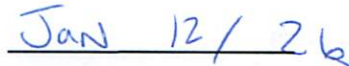
Signatures



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: **Jan 23, 2026**

Student Name _____ **Grade** _____

Field Trip Activity VISIT TO A SCHOOL **Start Date** Jan 26,2026 **End Date** Jan 26,2026

Location Holy Trinity High School
7007 28 Ave NW

Method of Transportation Holy Trinity 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 _____