



## 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 7 STEM Science Showcase
Field Trip Activity	ECSD Science Showcase
Location / Destination	Lumen Christi Catholic Education Centre 9405 50 St NW, Edmonton, AB T6B 2T4
School Travelling With	N/A

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 going to Lumen Christi Catholic Education Centre for the annual ECSD Science Showcase. Here they will see various student made displays/experiments while also connecting with educators in various STEM related fields.

Date of Field Trip	Start: <u>Feb 20, 2026</u>	Time of Departure	<u>10:00 AM</u>
	End: <u>Feb 20, 2026</u>	Time of Departure from Venue	<u>12:30 PM</u>
		Time of Return	<u>1:00 PM</u>
Cost	\$5		

#### Program of Studies Specific Outcomes

COMP.6 - Collaboration involves: Works with others to achieve worthy common goals

COMP.7 - Citizenship involves: Participates in the institutions of our society as an educated citizen. Shares responsibilities and approaches the world with empathy, intellectual curiosity, and humility

Grades Attending 7

Course(s) Student(s) Registered In

Number of Attending Students 120

Number of Attending Administrators 2

Number of Attending Teachers 6

Number of Non-Teaching School Staff 2

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Kandise Salerno (A)  
Taught and Contact

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** Bus

**Carrier Name** Yellow - Cunningham Transport

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

#### TRANSPORTATION

Motor traffic exposures such as intersections, high traffic volumes, speeding vehicles, blind spots, crosswalks, railway crossings, construction zones.

Weather related injuries resulting from high winds, rain, fog, snow, thunderstorms, lightning.

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 SCHOOL

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.

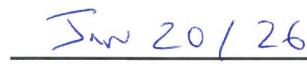
All manner of injuries and/or death which may result in the transportation to and from the facility.

**Date Submitted for Approval** Jan 20, 2026

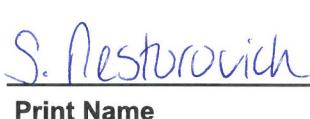
#### Signatures

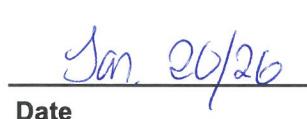
  
Principal (Signature)

  
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 ECSD Science Showcase Start Date Feb 20,2026 End Date Feb 20,2026

Location Lumen Christi Catholic Education Centre  
9405 50 St NW, Edmonton, AB T6B 2T4

Method of Transportation Bus

Please Indicate your fieldtrip payment method:

Cash \$ \_\_\_\_\_ Interact or Credit payment in office for \$ \_\_\_\_\_ Online Payment for \$ \_\_\_\_\_

### **Additional Information / Explanation**

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### **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.

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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: \_\_\_\_\_