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 Fitness and Phys Ed Run/Walk/Park

Field Trip Activity WALK/RUN AROUND THE COMMUNITY

Location / Destination Community surrounding Father Michael Troy Catholic 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 be running and walking through the community surrounding Father Michael Troy and visiting Kittlitz Park in the Meadows community anytime the student has Fitness or Phys. Ed.

Date of Field Trip Start: Sep 8, 2026 End: Jun 28, 2027

Time of Departure 8:30AM

Time of Departure from Venue

Time of Return 3:00PM

Cost Not Applicable

Program of Studies Specific Outcomes

Fitness and Phys. Ed running and walking.

Grades Attending 8 and 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

Water bottle, sunscreen, bug spray

Clothing Required

Running shoes, fitness/phys. ed attire

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.

VISIT TO A CITY PARK

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

All manner of injuries associated with participation in planned activities during the field trip.

All manner of injuries resulting from use of equipment, materials or facilities.

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.

Close access to rivers, ponds and pools- drowning exposures.

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

Date Submitted for Approval Jun 16, 2026

Signatures

	K. SACERNO	June 22/26
Principal (Signature)	**Print Name**	**Date**
Jill DeGrace Lead Teacher	Jill DeGrace Print Name	June 2226 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 Jun 28,2027

Location Community surrounding Father Michael Troy Catholic 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 _____