



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 Retreat to the Strathcona Wilderness Centre

Field Trip Activity RETREAT

Location / Destination Strathcona Wilderness Centre

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 partake in the following activities: Predator-Prey and Cooperative Games. Lunch will not be provided, please send one with your child. Please have them dress for the weather - rain or shine.

Date of Field Trip	Start: <u>Sep 14, 2026</u>	Time of Departure	<u>8:50</u>
	End: <u>Sep 14, 2026</u>	Time of Departure from Venue	<u>2:15</u>
		Time of Return	<u>2:45</u>
Cost	The \$23.00 fee will be added to your child's PowerSchool account.		

Program of Studies Specific Outcomes

Grade 7 students will participate in a retreat in order to bond with new classmates in their school and to learn about ecosystems.

Science 7

Outcomes for Science, Technology and Society (STS) and Knowledge
2. Trace and interpret the flow of energy and materials within an ecosystem

Grades Attending 7

Course(s) Student(s) Registered In

Science 7

Number of Attending Students 120

Number of Attending Administrators _____

Number of Attending Teachers 4

Number of Non-Teaching School Staff 3

Number of Attending Volunteers 0

Number of Additional Volunteers 0

Lead Teacher & Subject(s) Danni Theberge - 7C homeroom - 780-471-1962 -
Taught and Contact Danielle.Theberge@ecsd.net

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

Kathleen Lewis - 7A homeroom (T)
Reid Richard - 7B homeroom (T)
Sarah Fox - 7D homeroom (T)
Kristi Hall-Busque - (EBS)
Rachel Prince - (TABT)
Shally Kaushal -(EA)

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 Yellow bus

Carrier Name Cunningham Transport

Telephone # 780-458-3255

Clothing Required

Jacket, athletic shoes and socks, sunscreen, bug spray.

Students with Epipens will be required to bring them.

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.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

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

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

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

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

Date Submitted for Approval Jun 22, 2026

Signatures



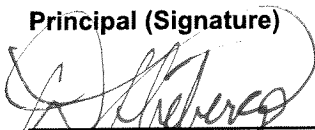
Principal (Signature)

K. SACERNO

Print Name

JUNE 23/26.

Date



Lead Teacher (Signature)

D. Thiberge

Print Name

JUNE 23/26

Date

Fr. Michael Troy J.H. School

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Sep 11, 2026**

Student Name _____ **Grade** _____

Field Trip Activity RETREAT **Start Date** Sep 14,2026 **End Date** Sep 14,2026

Location Strathcona Wilderness Centre

Method of Transportation Yellow bus

Please Indicate your fieldtrip payment method:

Interact or Credit payment in office for \$ _____ Online Payment for \$ _____

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 _____