

The Board of Education of School District No. 83 (N. Okanagan-Shuswap)

FIELD TRIP CONSENT FORM

School: _____

Telephone No. _____

Purpose of Trip: _____

Destination: _____

Destination Address: _____

Destination Phone No.: _____

Departure Date: _____

Departure Time: _____

Expected Time of Return: _____

School Bus
Private Vehicle
Other: (specify)

On this field trip, we will be: (describe the activity and physical environment)

This class will be supervised by: _____

Please be aware that accidents can be the result of the nature of the activity and can occur with or without any fault on either part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, including travel to and from, you are accepting the risk of an accident occurring, and agree that this activity, as described on the "Field Trip Consent Form" and any other information provided, is suitable for your child. Please call if you have any questions.


(Principal Signature)

(Sponsor teacher- please print)

Name of Student: _____

- Yes I have read the above information about the planned field trip and give my consent for my child to participate. I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.
- Yes Where I have authorized my child to travel by Private Vehicle, I am aware that the driver is responsible for meeting all motor vehicle code requirements, including booster seats where applicable. I agree that the Board of Education shall not be held liable for failure of the driver to meet the requirements of the Motor Vehicle Code.
- No I do not wish my child to accompany his/her class on this trip. Please arrange alternate supervision.

Signature of Parent/Guardian: _____

Print Parent/Guardian Name: _____

Home Phone No. _____

Work Phone No. _____

Yes I am available to drive for this Field Trip.

Yes I have completed the **School Use of Private Vehicle** form for the current school year and it is on file at the school office.
OR

Yes I have completed the **School Use of Private Vehicle** form on the back of this page.

MEDICAL HISTORY

None

*Or _____
(please describe)

* Attach plan