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: _____

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┌─────────────────────────┐
│   School Bus            │
│   Private Vehicle       │
│   Other: (specify)      │
│   _____   │
│                         │
│   _____   │
└─────────────────────────┘
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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.

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┌──────────────────────────────┐
│ MEDICAL HISTORY              │
│                              │
│ None                         │
│                              │
│ *Or _____      │
│       (please describe)      │
│                              │
│        * Attach plan         │
└──────────────────────────────┘
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Nov, 2013   **PLEASE RETURN THIS FORM BY** _____

DRIVER INFORMATION FORM –PRIVATE VEHICLE USE

I have a valid Class ___ ____ Driver's License No. _____ _____ (copy attached).

My Driver's Abstract dated _____ _____ is attached or on file.

I have not had any moving violations, impaired driving charges, or criminal charges related to a motor vehicle since my last drivers abstract (copy attached).

Vehicle Make, Model and Year _____.

Vehicle License Number _____.

The vehicle has **at least** $1,000,000 ($2,000,000 recommended) Third Party Liability Insurance _____.

The vehicle transporting students is maintained in a safe operating condition and is equipped with tires appropriate for the season.

The vehicle has _____ functional seat belts.

The vehicle has space that meets the requirement for safe placements of booster seats (if required).

I agree to wear a seat belt and require all passengers to wear a seat belt.

I agree that I will not permit a child under 13 years of age or under 40 kg to occupy the front passenger seat of a vehicle equipped with a passenger seat air bag unless the air bag is turned off.

I agree to operate the vehicle in a safe and legal manner.

I have a first aid kit in my vehicle (recommendation). The school may provide one for the purposes of the trip.

I have reviewed Regulation 8050.01R   (Private Vehicle Use).

Name of driver: _____ Date: _____

Signature: _____ Cell # _____

Name of principal: _____ Date: _____

Signature: _____