



St. Rose

8815-145 Street, Edmonton
AB, Canada T5R 0T7
780-483-2695

Local Field Trip Parent Permission Letter

Field Trip Activity VISIT TO A CHURCH

Location/ Destination St. John the Evangelist
9830 - 148 Street
Edmonton, AB, T5N 3E8

Field Trip Details

Students will walk to and from St. John's church for 9:00 a.m. mass to celebrate the beginning of a new school year at St. Rose.

Date of Field Trip	Start: <u>Sep 10, 2015</u>	Time of Departure <u>8:30 a.m.</u>
	End: <u>Sep 10, 2015</u>	Time of Departure from Venue <u>10:15 a.m.</u>
		Time of Return <u>10:45 a.m.</u>
Cost	<u>Not Applicable</u>	

Integration of the events and activities with Program of Studies / Educational Value

Attendance and participation in eucharistic celebrations are part of the Religion program for all grades.

Grades Attending All Grade 7, 8 and 9 students

Number of Attending Students 425

Number of Attending Teachers 18

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher and Contact Sean Gregg –school 780-483-2695. Cell-780-934-5280 or Mr. Leibel at #780-901-9548

Attending Teachers, Supervisors and Volunteers

Ms. Beck (T), Mr. Cimino (T), Mr. Gregg (T), Mr. Guido (T), Ms. Hunt (T), Ms. Johnson (T), Mr. Knechtel (T), Mr. Leibel(T), Ms. Lewko(T), Mr. Mendez (T), Ms. Paxton (T), Mr. Plouffe (T), Ms. Porter (T), Mr. Prokopiw (T), Ms. Prystay (T), Mrs. Usenik (T), Mr. Whitehead (T), Mrs. Yarovenko (T)

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, Yellow cab for musicians (if needed)

Clothing Required

Clothing and footwear suitable for the weather (rain or shine) and for walking from St. Rose to St. John's and back

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

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

Motor traffic exposures such as crossing streets and intersections, sidewalk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops. LRT, construction zones.

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

Slip, trip, fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

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

VISIT TO A CHURCH

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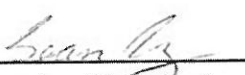
Date Submitted for Approval Jun 23, 2015

Signatures


Principal (Signature)

Mr. Sean Gregg
Print Name

June 23, 2015
Date


Lead Teacher (Signature)

Mr. Sean Gregg
Print Name

June 23, 2015
Date

St. Rose
PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: **Sep 10,2015**

Student Name _____ Grade _____

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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 School Act, District policy and rules as to student conduct.

I understand that pursuant to District Policy 126, 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: _____

Emergency Parent Contact and Phone Number _____

