

PEACE RIVER SCHOOL DIVISION NO.10
Parent Information and Approval for Off-Site Activities Form

The information on this form is collected pursuant to the FOIP Act, Sections 32(c), 37(b) & 38(c) to be used to organize and coordinate a school field trip.

SCHOOL INFORMATION: School Name: _____
Staff Member/Supervisor in Charge of Trip: _____

ACTIVITIES INFORMATION:
Destination (include overnight details if required): _____

Date(s): _____
Class(es) or Grade(s) Involved: _____
Teams Involved (if applicable): _____
Purpose of Activity: _____
Charges to Student: _____
Risk Details (see below re. unusual factors) _____

SUPERVISION DETAILS:
Number of Supervisors to be taken on trip: _____
Names of Supervisor(s): _____

TRANSPORTATION DETAILS:
Method of Transport: Walking: _____ School Bus: _____
Leased vehicle: _____ School owned vehicle: _____ Private vehicle: _____
Driver Name(s): _____
Route Details: _____
Departure/Return Times: _____

OTHER INFORMATION:
Trip Itinerary (attached if necessary): _____

Financial Arrangements (if applicable): _____
Safety Precautions: _____

Time and Place of Parent Information Meeting (if applicable): _____
Unusual Factors and Inherent Risks Associated with the Activity (if applicable): _____

Other Information continued . . .

Emergency Procedures / Arrangements and Contingency Plans: _____

Additional Insurance Coverage Requirements (if applicable): _____

Other Relevant Information: _____

PARENT APPROVAL FOR:

STUDENT NAME: _____

NOTE: Parents must have ultimate authority in approving whether or not their child (if under the age of 18 years old) goes on the trip:

_____ I approve of my son's/daughter's attendance on this field trip and the planning regarding this trip and give permission for participation accordingly. I have also read the attached student conduct expectations.

_____ I am prepared to volunteer for this trip as a supervisor.

_____ Telephone number where I can be reached on the day of the trip (if this is different than I have already provided the school as my usual home number).

Information about my child that field trip personnel need to know for this excursion:

(Medical or other) _____

DATE _____, 20____ Parent Signature: _____

STUDENT CONFIRMATION (high school students only)

I concur with participating in this activity and will abide by all relevant rules, procedures and directions and assume the inherent risks associated with this activity.

DATE _____, 20____ Student Signature: _____

If you have any questions about the collection, use or disclosure of information collected on this form, please contact the School Division's FOIP Coordinator. The phone number is (780) 624-3601 and fax is (780) 332-1050.