



PARENT CONSENT FORM FOR SCHOOL EXCURSION/FIELD TRIP

Please read carefully before signing.

Our School (_____) is planning a field trip for students. We are requesting your consent for your child to participate in this field trip. The details are as follows:

Date of Field Trip:	
Start time:	
Lead Teacher:	
Number of Students on Trip:	
Number of Adults Supervising:	
Estimated Cost per Participant:	
Pick-up/start location for your child	
Drop off/end location for your child	
Estimated Return Time:	
Transportation Details	
Accommodations Details	
Activities description	
Dress/equipment required	
Other Notes:	

Student Discipline

- Student discipline and other school policies and procedures apply to school-sponsored field trips. Students are expected to abide by school rules, to be considerate of others and to follow the instructions and directions of the volunteer chaperones.
- When participating in sport or recreation activities, students are expected to abide by the ***School Sport Code of Conduct***.
- Disciplinary action will be taken with any student who does not comply with rules and restrictions on school-sponsored field trips
- Any use of alcohol and illegal drugs will not be tolerated.
- Any student who behaves in a manner that is considered by the lead teacher to be a threat to safety, order and discipline may be removed from the event and returned directly to his/her home at the expense of the parent/guardian consenting to the student's participation.

Travel Arrangements

Please note that we try to follow the travel schedule outlined as closely as possible. However, from time to time unforeseen circumstances (eg. inclement weather) may prevent us from travelling when planned. In the event that students and chaperones need to stay for extra meals or an extra night's accommodations, parents/guardians will need to cover the extra cost for their child.

Emergencies

From time to time, emergencies can arise. **PLEASE ENSURE THAT:**

- We have an emergency contact number for you/name and number of other designated emergency contact person
- Your child carries his/her MCP Card
- Your child carries enough medication for the planned trip and an emergency, if he/she has a life-threatening allergy or illness that requires medication (eg. epi-pen; insulin).



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I, being the parent/guardian of the student named below, have read and understood the information provided with this form.

- **I acknowledge that educational activities such as sporting events and field trips may present various elements of risk. While care is taken to ensure that reasonable safety measures have been implemented, incidents related to such activities may occur and cause injury through no fault of the school or the facility where activities are being held. I acknowledge that I am responsible to assume these risks.**
- **I consent to my child participating in the field trip/excursion, including the transportation and supervision arrangements as described and the terms and conditions outlined.**
- **I authorize the school to obtain routine or emergency diagnostic procedures and/or emergency medical treatment for my child as may be deemed medically necessary.**

STUDENT NAME:

(PLEASE PRINT)

NAME OF PARENT/GUARDIAN:

(PLEASE PRINT)

PARENT/GUARDIAN SIGNATURE:

PARENT/GUARDIAN EMERGENCY CONTACT #:

DATE: