

**To Parents and Guardians:**

The purpose of this form is to inform you about a proposed field trip involving your child and to seek your support and permission for your child to participate.

*This is an important document. Please review its contents carefully prior to providing permission for your child to participate in this excursion.* Field trips provide students with valuable learning experiences. However, should you not wish your child to participate in this activity, school staff will assign other learning activities at the school.

**Nature of Field Trip**

Division: <b>2</b>	Teacher(s): <b>Chantal Larrivee</b>	
Destination: <b>UBC Farm &amp; Food Systems at UBC</b>		
Activity: <b>visit UBC farm as an extension of our Growing Chefs Program which connects Science, Social Studies and Health and Career areas of the curriculum</b>		
Date: <b>7 June 2018</b>	Time Leaving: <b>9AM</b>	Time Returning: <b>1:30 PM</b>
Transportation: <b>parent drivers</b>		*Cost of Trip: <b>8\$ (bus fare and farm entry)</b>
Teacher in Charge: <b>Chantal Larrivee</b>	Number of Volunteers: <b>5</b>	
Number of Students Attending: <b>16</b>	Bagged Lunch: <b>N/A – free lunch served by UBC chefs</b>	
Children Should Bring: <b>appropriate clothing for farm and good walking shoes</b>		
Special Safety Information: <b>We will be eating a veggie lunch</b>		

\*Our policy is that no child may be denied permission to participate in a field study due to financial reasons. If the cost of the activity would make it impossible for your son/daughter to participate, please advise your child's teacher, then sign the permission form and return it to school and he/she will participate in the activity.

\_\_\_\_\_  
Signature of Vice-Principal

\_\_\_\_\_  
Signature of Teacher in charge

**Parent/Guardian Permission**

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of this activity, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity.

**Section A: All parents, please complete below:**

I, \_\_\_\_\_, give permission for \_\_\_\_\_, Div. 2 to participate in the field trip to **UBC Farm**. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

- My child is over 9 years of age OR over 4'9" - **no booster seat required**
- My child is over 18kg/40lbs AND under 4'9" - **booster seat IS required (please check off one below)**
  - My child will bring a portable booster seat that does not require installation into the driver's vehicle
  - My child does not have a portable booster seat for his/her age and weight. I request that the school provide an appropriate booster seat for my child (QEA has 4 only)

**Parent Name (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: (Please include any restrictions or limitations which would prevent your child from fully participating in this trip, or any other special concerns which Board staff should be aware of surrounding your child's participation): ie.- (Epipen/allergies)

**Comments:**

\*\*\*\*\***Section B: Volunteer Drivers only:**

I am available to help drive and supervise students on this field trip. I have signed a *Driver's Liability* form for this school year (**available in the office when showing a valid driver's license - please see Nancy in the office to sign the form prior to Tuesday June 5<sup>th</sup>**)

- My vehicle has \_\_\_\_\_ seatbelts for students

All drivers are responsible for complying with all child restraint requirements. The following link provides more detailed information on this new legislation:

<http://www.icbc.com/road-safety/safer-drivers/Pages/Child-car-seats.aspx>

Name of volunteer driver (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_