

Queen Elizabeth Annex
4275 Crown Street, Vancouver, B.C. V6S 2K3
Telephone: (604) 713-5482 Fax: (604) 713-5484

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 to participate in this activity, school staff will assign other learning activities at the school.

Nature of Field Trip

Division: 4	Teacher(s): C. Collier, A. Gretchen (SSW)		
Destination: Museum of Anthropology MOA 6393 NW Marine Drive			
Activity: Self-guided visit to explore First Nations and Indigenous culture, identity and history			
Date: June 7, 2018	Time Leaving: 9:15	Time Returning: 12:30	
Transportation: Parent volunteer drivers		*Cost of Trip: Admission is \$0	
Teacher in Charge: C. Collier	Number of Volunteers: 5-7		
Number of Students Attending: 18	Bagged Lunch: Yes		
Children Should Bring: Please provide a small snack that can fit in a jacket pocket, as well as a lunch. We will eat a snack outdoors when we arrive and we will stay for a pique-nique lunch outdoors after our visit.			
Special Safety Information:			
Nearest hospital: UBC Hospital - 2211 Westbrook Mall Vancouver, BC V6T 2B5			

*Our policy is that no student may be denied permission to participate in a field study due to financial reasons. If the cost of the activity would make it impossible to participate, please advise your student's teacher, then sign the permission form and return it to school and they 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.

Parent/Guardian, please complete below:

I, _____, give permission for _____, Div. _____ to participate in the field trip to _____.

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

Adult Name (print): _____ **Signature:** _____

Phone: _____ **Date:** _____

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

Comments:



Volunteer Drivers only:

- I am available to help drive and supervise students on this field trip. I have signed a *Driver's Liability* form (available in the office when showing a valid driver's license) for this school year.
- I have not received a moving violation during the last 2 years
- 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: _____