

*Please return by  
 October 12th*

**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>All</b>		Teacher(s): <b>All</b>	
Destination: <b>Westham Island Herb Farm</b>			
Activity: <b>Farm and pumpkin patch tour</b>			
Dates: <b>October 26, 2018</b>		Time Leaving: <b>9:15AM</b>	Time Returning: <b>1:30 PM</b>
Transportation: <b>Bus</b>			<b>*Cost of Trip: \$24 (payable on School Cash Online)</b>
Teacher in Charge: <b>All</b>		Number of Volunteers: <b>2 per division</b>	
Number of Students Attending: <b>73</b>		Bagged Lunch: <b>yes</b>	
Children Should Bring: <b>Dress weather appropriate, rain gear, rubber boots (even if it is not raining), strong plastic bag to hold the pumpkin, backpack with lunch kit</b>			
Special Safety Information:			

\*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



**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. \_\_\_\_ to participate in the field trip to **Westham Island Herb Farm** as described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

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

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

**School day Receipt #** \_\_\_\_\_

I am able to volunteer  Yes  No

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:**