

STUDENT FIELD EXPERIENCE PARENTAL CONSENT FORM (Routine)

Please Return This Completed Form by: January 13, 2017

Name of School: **AD RUNDLE MIDDLE SCHOOL** Activity Date: **Every Wednesday Jan 18 - Feb 22, 2017**

The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one time approval only. Students who do not participate in field trips will be provided with supervised study.

Purpose: **To give back to the community by helping a charity in need.**

Destination(s): **Chwk Animal Safe Haven for Cats - 49843 Chilliwack Central Rd**

Departure Time: **10:15 am** Return Time: **11:30 am**

Travel Arrangements: School Bus (1 Way) School Bus (2 Way) Walking Parent Drivers
 Other: Mrs. Barisoff-Harris and Luke Acheson to Drive Students

Cost to student: **No cost to student.**

Sponsor Teacher: **Mr. Acheson / Mrs. Barisoff-Harris** Supervision Provided by: **Sponsor Teachers**

Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.



Principal Signature

Please note: ALL forms must be returned to the school. Please indicate below you DO or DO NOT give your child permission to attend this field trip. Students who do not attend field trips are required to attend classes at ADR. Thank you.

PLEASE DO NOT CUT OR TEAR THIS FORM. ALL THE INFORMATION ON THIS FORM IS POSTED AT adr.sd33.bc.ca

I **DO** or **DO NOT** give _____ (full name of student) in CORE _____ permission to participate in the field trip to Chilliwack Animal Safe Haven for Cats **on Wednesdays, January 18 – February 22, 2017**. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

Student's Care Card Number: _____

Medical Information (please include any medical or health concerns):

 Signature of Parent/Guardian

 Date

 Printed name of Parent/Guardian

_____/_____/_____
 Home Phone # Work Phone # Cell Phone #

 Alternate (Local) Contact Name

_____/_____/_____
 Home Phone # Work Phone # Cell Phone #