

## STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM (Routine)

**Please Return This Completed Form by: Friday, June 23, 2017**

Name of School: **AD RUNDLE MIDDLE SCHOOL**      Activity Date: **Monday, June 26, 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: **Transition Activity - Grade 9 Day at CSS**

Departure Time: **11:00 am**                      Return Time: **1:15 pm**

Destination(s): **Chilliwack Secondary School**

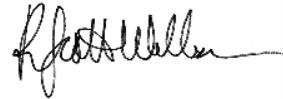
Travel Arrangements:  School Bus (2 Way)

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

Special Note:  **Lunch Provided. (If you have any dietary restrictions, please bring your own lunch.)**

Sponsor Teacher: **Mr. Kotanko**                      Supervision Provided by: **Grade 9 Teaching Team**

*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 if 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.**

I  **DO** or  **DO NOT** give \_\_\_\_\_ (full name of student) in CORE \_\_\_\_\_ permission to participate in the field trip **to CSS on 26-June-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:** \_\_\_\_\_ (DO NOT WRITE "On File")

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 #