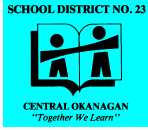


**FIELD TRIP PARENT PERMISSION**



**DETAILS OF THE TRIP**

School Rutland Middle School School Phone No. 250-870-5109

Teacher Contact Sides, Ikari, Butterworth, Peters

Destination Sutherland Bay Park visit and Knox Mountain Park hike.

Purpose of Trip Community Building, hiking/orienteering practice, fitness

**Description of Activities**

9:30 - 10:00 - Bus to Sutherland Bay Park

10:00 - 1:30 - Students will have the option to play at the park or go for a hike in Knox Mountain Park

1:30 - 2:00 - Bus back to school.

**Inherent Risks of Participating:**

Any risk involving hiking and orienteering...injury due to a fall or trip in the park/canyon.

Abrupt change in weather.

Misuse of equipment.

Increased cardiovascular exertion including sun stroke and dehydration.

Unexpected wildlife encounters.

Traffic accident involving bus and/or other vehicles.

Risk increases when students leave the direct observation of a supervising adult .

Risk increases if students do not follow safety instruction and/or map provided before and during this trip.

Group of Students Sides, Ikari, Peters, Butterworth

No. of Students 100 No. of Teachers 4 + 4 CEA's

Departure Date (M/D/Y) May 10, 2024

Departure Time 9:30 AM

Return Date(M/D/Y) May 10, 2024

Return Pick-Up Time 1:30 PM

Arrival Time Back at School 2:00 pm

**TRANSPORTATION:**

**Please indicate the applicable sections.**

School District Bus  Wheelchair Access  City Transit  Private Vehicle

Rented Vehicle  Commercial Carrier  Foot/Bicycle

**Driven by:**

District Driver  Authorized Adult  Teacher  Commercial Driver

Authorized Student Driver (no passengers allowed)

**PARENT/GUARDIAN CONSENT:**

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field trips, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for (name of student) to participate and travel as described.

Name \_\_\_\_\_

Student's BC Medical # \_\_\_\_\_

Medical concerns, allergies, medication requirements \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The students will need to bring a snack and water bottles. Students need to dress appropriately for the weather as well, wear proper footwear for walking.**

