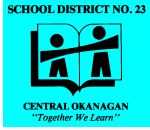


FIELD TRIP PARENT PERMISSION



DETAILS OF THE TRIP

School Rutland Middle School School Phone No. 250-870-5109
Teacher Contact Sides, Ikari, Butterworth, Peters
Destination Mission Creek Park - Hollywood Road Entrance
Purpose of Trip Community Building, hiking/orienteering practice, fitness

Description of Activities

9:30 - 10:00 - Bus to Mission Creek Park - Hollywood Road Entrance
10:00 - 12:00 - Hike in Mission Creek Park to the first lookout
12:00 - 12:15 - Bus back to RMS

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 24, 2024 Departure Time 9:30 AM
Return Date(M/D/Y) May 24, 2024 Return Pick-Up Time 12:00 PM
Arrival Time Back at School 12:15 PM

TRANSPORTATION:

Please indicate the applicable sections.

School District Bus [X] Wheelchair Access [ ] City Transit [ ] Private Vehicle [ ]
Rented Vehicle [ ] Commercial Carrier [ ] Foot/Bicycle [ ]

Driven by:

District Driver [X] Authorized Adult [ ] Teacher [ ] Commercial Driver [X]
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.