

John D. Bracco
Field Trip Consent Form

To Parent(s) or Guardian(s)

Please carefully read the contents of this consent form before signing it. Clarify any concerns with the teacher-leader or principal before signing it. If this consent form is not signed and returned to the school by Sept. 14, 2018, your child WILL NOT BE ALLOWED TO ATTEND.

Description of the Field Trip

Field Trip: Community Walks, Fun Runs, and use of Harisine Community League Facilities. **Field Trip**

Date: Sept. 5, 2018-June 28, 2019

Purpose or Educational goal: Students will be taking part in a variety of walking, running & fitness activities as part of the Physical Education, Health, and Fitness curricula during the course of the 2018/19 school year. Classes will discuss heart health, cardiorespiratory fitness, and goal setting and have the opportunity to work on improving their personal fitness level through guided neighborhood walks and/or runs.

Number of participants – students and supervisors: 35 students:1 teacher

Detailed description of all activities: Over the course of the school year, walking and running will be included as a component of a variety of units including, but not limited to: Fitness, Cooperative Games, Track and Field, Goal Setting, and Active Living objectives. During regularly scheduled Physical Education, Health, or Fitness classes (or as part of cross-curriculum collaboration in other classes), students will be going for power walks and/or runs in the neighborhoods around the school.

Detailed description of contingency plan: Power walking and running trips are dependent on weather conditions. If it is too cold or wet, or the sidewalks are too icy, classes will be doing alternate activities depending on the current unit. Edmonton Public Schools protocols for emergencies will be followed in all unpredicted events that may occur while on a school field trip.

Detailed description of any unusual or significant hazards: Classes will be leaving school property and crossing streets while walking in the neighborhoods around the school. Students will be expected to obey all traffic and pedestrian laws.

Description of the Supervision

Name of teacher-leader in charge: Mrs. Brenda MacKinnon

Supervisory arrangements: Teachers will supervise their own classes while away from the school.

Safety precautions: Students will be instructed in group walking/running protocols and safety, as well as, discuss potential hazards and situations (such as jaywalking, running with headphones, making sure they have a partner, discussing the route in advance, and what to do in case of injury). Teachers are certified in Standard First Aid and CPR/AED Level C and will carry a cell phone and first aid kit in the event of injury, illness or emergency.

Emergency procedures to be followed in the event of injury, illness, or unusual circumstances: In the event of an injury or illness, a typical emergency response may include the following: assessment of the situation and provision of first aid as needed, emergency response teams may be contacted, and parents/guardians/emergency contacts will be contacted when possible. Emergency responses may also include decisions to proceed with medical assistance and treatment.

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Consent and Authorization

Important: Parent(s)/Guardian(s). The following sections contain important information. Please read them carefully and ensure that you understand them completely.

Changes to Itinerary and Associated Costs

I understand that the field trip will follow the description of the field trip set out above as closely as possible. I also understand that contingencies can arise that necessitate sudden changes to activities and destinations. **I agree that the supervisors of the field trip have full authority to make decisions of this nature without obtaining my further consent.**

Discipline

I understand that my child must obey the rules established by the school and the field trip supervisors. **I agree that if my child severely breaches the rules he or she might be sent home.**

Illness and Injury

I understand that illness and injuries sometimes occur on field trips. **I agree that if illness or injury necessitates the expenditure of money for special travel arrangements or any other reason deemed necessary by the field trip supervisors, I will be responsible for all of those costs. I authorize any of the adult supervisors on the field trip to consent to any medical attention my child may require.**

I have read and understood all of the information in this package. I have obtained any additional information I feel I need to satisfy myself that I want my child to participate in the field trip.

I consent to the participation of my child named below in the field trip.

Student's Name: (please print) _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

Date: _____

Other information:

Student's Medical Information (please advise us of any known medical condition(s), allergies, dietary restrictions, fears, etc.): _____

For Office Use Only:

This signed consent form must be retained for 3 years, according to the School Retention Schedule.