Northern Gateway Schools

Form B Side 1

Parental
INFORMED CONSENT/PERMISSION FORM
For Field Trips and Excursions

Parents, the following grade(s), class, or team is planning a school related field trip. Please read this parental permission form carefully, completing the shaded section, and then sign and return to your child's school.

School: **RICH VALLEY SCHOOL**	Grade(s), Class or Team: **Grades K - 7**	
Title of Activity: **U of A Botanical Gardens**	Date of Trip: **May 23**	
Location of Activity: **Parkland County - Devon**	Time of departure: **9:00 am**	Time of return: **3:00 pm**

Description of Activity:
Education of various plants and animals

Educational Purpose of Trip:
Address Science Curricular Outcomes

Method of Transportation: School Bus ■ School Division Bus ■ Private Vehicle Walking Other:

Costs to students:
Transportation: $ _____ Activity costs: $ _____ Equipment Rental $ _____ Other: $ _____
Total: $ _____

Supervisor/student ratio: _____ : _____	Supervisor Qualifications: **Teachers, support staff**

Description of specialized clothing or equipment required:
Students will be walking outside so appropriate foot ware is recommended
Please ensure your child has a full water bottle

Rules & expectations for student conduct:
School rules apply

Parents, which of the following best describes your child's ability level in the associated field trip activity:

Expert ☐ **Intermediate** ☐ **beginner** ☐ **Comments:**

Safety Elements:

Educational activity programs require attention to safety. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of safety concerns related to the trip noted above.

1. Vehicle Accidents
2. Breaks, Sprains or Bruises

Such concerns result from the nature of the activity and can occur without fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, are accepting the risk that you/your child may be injured.

SEE REVERSE SIDE

Please sign and return to the school before May 22, 2025

THANK YOU!

Northern Gateway Public Schools

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OPT OUT

☐ I **DO NOT** give my child _____permission to participate in Activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date _____

ACKNOWLEDGEMENT:

WE HAVE READ PAGE 1, AND BY SIGNING BELOW, ACKNOWLEDGE THAT WE ALLOW OUR CHILD TO PARTICIPATE IN THE ACTIVITIES ASSOCIATED WITH THIS FIELD TRIP, AND IN DOING SO, RECOGNIZE AND
ACCEPT THAT THERE MAY BE ASSOCIATED RISKS INVOLVED.

I give my child, _____, permission to participate in the above-described activity.
(name of student)

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date _____

Parents: Please sign and return this form to your child's school. Thank you.