



**AP L3.7. School Field Trip Consent Form for Low Risk Activities**

(Field Trip Categories 1 and 2, or annual consent for series of low risk activities)

1. We are arranging a field trip for students in grade(s) \_\_\_\_\_ on \_\_\_\_\_.  
(mm/dd/yyyy)
2. We will be going to \_\_\_\_\_ (location), and will be away from  
the school from \_\_\_\_\_ to \_\_\_\_\_ from (times). We will be travelling by  
\_\_\_\_\_.  
(i.e. school bus, public transport, foot).
3. On this field trip, we will be: \_\_\_\_\_  
(describe activities – a field trip to a park might include day hiking, walking, climbing apparatus, eating lunch,  
etc.)
4. Students will need to bring:
5. The class will be supervised by \_\_\_\_\_  
(A typical response might be "2 school employees and hopefully 2-4 volunteers." It is important to indicate  
supervisory arrangements that will not be modified or reduced. Consider whether the trip will proceed  
even if there are no parent volunteers, or if a specific teacher is sick, but a substitute is available. \*With  
older grades, you should add a sentence "Your child will not necessarily be supervised by an adult at all times.")
6. If you do not wish your child to accompany his or her class on this trip, please contact:  
\_\_\_\_\_, who will arrange alternate supervision.

**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 child to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.**

I give \_\_\_\_\_ (name of student) permission to participate in  
the field trip to \_\_\_\_\_ on \_\_\_\_\_ (mm/dd/yyyy). I understand  
that my child may be exposed to certain risks while participating in this activity. Accidents and  
injuries may occur.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address (please print):

*The Board recognizes that some students may not be able to cover these costs, and in such cases will ensure that no student is denied an opportunity to participate in educational programs or activities based on financial hardship. Please contact the school principal should you require assistance.*