



SCHOOL DISTRICT No. 64 (Gulf Islands)
SCHOOL FIELD TRIP CONSENT FORM
FOR LOW RISK ACTIVITIES
<http://sd64.bc.ca/employee-forms/>

1. We are arranging a field trip for students in Grade(s) _____ on _____
2. We will be going to _____, and will be away from the school from _____ to _____. We will be travelling by (*i.e. school bus, public transport, foot*): _____
3. On this field trip, we will be: _____
4. Students will need to bring: _____
5. The class will be supervised by _____
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 son/daughter 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

Printed name of Parent/Guardian

Address of Parent/Guardian

As per SD64 policy 6700, 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.