



# SCHOOL DISTRICT 46 SUNSHINE COAST

## FIELD TRIP CONSENT FORM

**SCHOOL:** \_\_\_\_\_

We are arranging a field trip for students in Grade(s) \_\_\_\_\_

On \_\_\_\_\_

and will be away from the school from \_\_\_\_\_ to \_\_\_\_\_

We will be travelling by: \_\_\_\_\_

On this field trip, we will be:  
(describe activities) \_\_\_\_\_

Students will need to bring: \_\_\_\_\_

The class will be supervised by: *(Note: It is important to indicate supervisory arrangements which will not be modified or reduced. With older grades, please note that your child will not necessarily be directly supervised by an adult at all times.)* \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

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.

Div:

I request that \_\_\_\_\_ (name of student) participate in the field trip:

\_\_\_\_\_ on \_\_\_\_\_ (mm/dd/yy). 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

\_\_\_\_\_  
Emergency Contact Number

\_\_\_\_\_  
Address of Parent/Guardian