



FIELD TRIP CONSENT FORM

This is to advise you that ST. RITA School intends to involve your son/daughter (the "student") in an off-campus activity (the "field trip"), the particulars of which are as follows:

Purpose: Grade 6 Year End Retreat

Destination: FCJ Centre – 219-19th Ave SW

Arranged Supervision: Teachers, Support Staff and Parent Volunteers

Date(s) and Time(s): Friday, June 7th - 9:00am-2:30pm

Transportation Plans: Charter Buses will leave the school at 9:00am and leave FCJ Centre at 2:00pm

Associated Risks: Any risk associated with transportation

Costs, if any: None

If you will permit your son/daughter to participate in this field trip, please sign and tear-off the portion below and return it to the school **by: Friday, May 31st**

Please note: No student will be allowed to participate in this field trip unless this form is signed and returned to the school prior to the event.

If you require additional information, please phone the school at: **403-500-2083**

(Tear off portion)

FIELD TRIP CONSENT FORM for: Friday, June 7th

Destination: FCJ Centre

Having understood and signed the Field Trip Consent Form and having read and understood the particulars of this specific Field Trip Consent Form,

I give permission for _____ **(student name)** to participate in the Grade 6 Retreat.

**PLEASE DO NOT SEND A LUNCH WITH YOUR CHILD
LUNCH WILL BE PROVIDED FOR ALL STUDENTS AT THE RETREAT**

We acknowledge that it is our responsibility to advise the school of any medical condition(s) that may affect our son/daughter's participation in the field trip and, that in the event of a medical emergency, the supervising teacher or any one of the volunteer chaperones may seek medical advice and/or treatment deemed necessary for the health and safety of the student and we shall be financially liable for the provision of such medical emergency services.

By signing this form and permitting my son/daughter to participate in this Field Trip, I/we, as parent(s)/guardian(s) – both for myself/ourselves and on behalf of our son/daughter – acknowledge that we are aware of the risks associated with this Field Trip, and agree to release and hold harmless the Calgary Catholic School District, the School, and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's participation in this above authorized Field Trip. The District will, however, be responsible for any injuries and damages suffered by the student while participating in this field trip that arises **as a result of the negligence of the District.**

Date

Name (please print)

Signature

Volunteers are required for this event. Please provide your name and telephone number if you are able to volunteer for the Grade 6 Retreat. Thank you.

Name: _____ **Phone #:** _____