



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: AMA School Safety Patrol Picnic grades 5 & 6 Patrollers

Destination: Heritage Park

Arranged Supervision: Teachers, Parent Volunteers, AMA personnel and Calgary Police Officers

Date(s) and Time(s): Thursday, June 6th 9:00am-2:00pm Return to school at 2:30pm

Transportation Plans: Charter Bus will leave the school at 9:00am and leave Heritage Park at 2:00pm

Associated Risks: Any risk associated with transportation and Heritage Park

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: Thursday, June 6th

Destination: Heritage Park-AMA School Safety Patrol Picnic

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 AMA School Safety Patrol Picnic.

We acknowledge that it is our responsibility to advise the school of any medical condition(s) that may affect our son/daughters 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 field trip. Please provide your name and telephone number if you are able to volunteer for this field trip. Thank you.

Name: _____ **Phone #:** _____