SCHOOL FIELD TRIP CONSENT FORM

Due: Monday May 16, 2016

|  |  |  |  |
| --- | --- | --- | --- |
| **Class:** | Maple | **Date:** | Tuesday, May 24, 2016 |
| **Location:** | Robert Bateman Center, Victoria BC | | |
| **Depart school:** | 9:00 a.m. | **Return:** | 11:30 p.m. |
| **Method of travel:** | Victoria City Transit Bus | | |
| **Students will be supervised by:** | Heather Sasaki, Renata Shaw, Kelly Langham, Sarah Board | | |
| **On this field trip, we will be taking part in the following activities:** | | | |
| We will be participating in the ‘ Birds of BC’ program led by museum educators as well as looking at Robert Bateman’s artwork of birds. | | | |
| **Students will need to wear/bring:** | | | |
| * Weather appropriate clothing including rain gear if necessary | | | |
| * School uniform hoodies or vests | | | |
| * Shoes for walking outdoors | | | |
| * Water bottle, snack | | | |
| * Sunscreen, hat for walking outdoors | | | |

**🡪** If you do not wish your child to accompany his or her class on this trip, please let us know in advance so we may make arrangements for 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.**

---------------------------------------------------------------------------------------------------------------------------

**Please clip & fill out and return to your child’s teacher. Keep the top section for your information.** I hereby give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) permission to participate in the field trip to Robert Bateman Center on 24/05/2016 (dd/mm/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 Printed name Date |