



CENTRAL OKANAGAN
"Together We Learn"

FIELD TRIP PARENT PERMISSION- Walking Around Ellison Neighbourhood

DETAILS OF THE TRIP:

School: Ellison Elementary

School Phone No.: 250-870-5140

Group of Students: Kindergarten

Teacher Contact(s): Mrs. K. Ito

Destination: Walking around Ellison neighbourhood

Purpose of Trip: To learn more about what's around the Ellison neighbourhood throughout the 2020-2021 year

Description of Activities:

To provide our students with an opportunity to have fun learning about things around their neighbourhood

Inherent Risks of Participating: All Risks associated with walking along a public roadway without sidewalks: falling, twisting an ankle, breaking a limb, cuts, bruises, sprains, sun burns, and sun stroke

No. of Students: 20

No. of Teachers/Supervisors: 1

Departure Date: Monday September 14, 2020

Return Date: Tuesday, June 29, 2021

Departure Time: varies

Return Pickup Time: varies

Arrival Time Back at School: varies

TRANSPORTATION: Please indicate the applicable sections.

School District Bus	<input type="checkbox"/>	Wheelchair Access	<input type="checkbox"/>	City Transit	<input type="checkbox"/>	Private Vehicle	<input type="checkbox"/>
Rented Vehicle	<input type="checkbox"/>	Commercial Carrier	<input type="checkbox"/>	Foot/Bicycle	<input checked="" type="checkbox"/>	Bus to stay with group	<input type="checkbox"/>
Transport Equipment	<input type="checkbox"/>						

Driven by:

District Driver	<input type="checkbox"/>	Authorized Adult	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Commercial Driver	<input type="checkbox"/>
Authorized Student Driver (no passengers allowed)	<input type="checkbox"/>						



PARENT/GUARDIAN CONSENT: Walking Around Ellison Neighbourhood

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field trips, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above. Consent is given for my child to participate and travel as described.

Child's Name: _____

Student's BC Medical #: _____

Medical concerns, allergies, medication requirements: _____

Signature: _____

Date: _____