



**George Elliot Secondary School
GENERAL FIELD TRIP PARENT
PERMISSION**

Name: _____

Homeroom Teacher: _____

DETAILS OF THE TRIP:

School George Elliot Secondary School Phone No. 250-870-5102
 Teacher Contact Classroom Teacher Destination Outdoor recreational areas within walking distance of the school.

Purpose of Trip Activities designed to supplement curriculum in alternate, outdoor environments

Description of Activities/Itinerary: Walking with classmates and teacher(s) to various community sites. For example, walks/runs in P.E. fitness, sport and games, utilizing outdoor learning and field spaces at Swatwell park, science-based explorations, walking/running the rail trail, etc. For learners who cannot participate due to significant health concerns (communicated by parents to teachers), we will be providing opportunities to cover learning objectives in other ways at the school.

Inherent Risks of Participating: General risks associated with walking along and crossing city streets. Risks associated with and specific to various activities. Risks associated with physical activities and sport, including, but not limited to, soft tissue injuries, fractures, abrasions, head injuries. Environmental risks including, but not limited to, sunburn and bee/wasp stings. Risks associated with being around small bodies of water (e.g. Creeks) Risks associated with poor decision making.

Group of Students Usually a single class, learning cohort group, learning community or club group

No. of Students 20-45 No. of Teachers/Supervisors at least 1 teacher per class
 Departure Date (M/D/Y) Various Departure Time Various
 Return Date (M/D/Y) Various Return Pickup Time Various
 Arrival Time Back at School Various

TRANSPORTATION:

School District Bus Wheelchair Access City Transit Private Vehicle
 Rented Vehicle Commercial Carrier Foot/Bicycle

Driven by:

District Driver Authorized Adult Teacher Commercial Driver
 Authorized Student Driver (no passengers allowed)

PARENT/GUARDIAN CONSENT:

GESS General Field Trip Parent Permission for school year September 13, 2021 to June 30, 2022

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 (name of student) to participate and travel as described.

Name _____

Student's BC Medical # _____

Medical concerns, allergies, medication requirements _____

Signature _____ Date _____

PLEASE RETURN TO HOMEROOM TEACHER BY SEPTEMBER 10, 2021