



## Austin O'Brien

6110-95 Avenue, Edmonton  
AB, Canada T6B 1A5  
780-466-3161

### Repetitive Events Field Trip Parent Permission Letter

**Field Trip Activity** VISIT TO A CHURCH

#### Field Trip Details

This field trip is so that all student's may experience a school wide mass to celebrate both Ash Wednesday and an Easter celebration mass.

#### Activities

Activity	Date	Time	Location	Address
VISIT TO A CHURCH	3/1/2017	10:20-2:45	St. Nicholas Ukrainian Catholic Church	9507 Austin O'Brien Rd NW, Edmonton AB T6B 2C1
VISIT TO A CHURCH	4/20/2017	9:30-11:30	St. Joseph's Basilica	10044 113 St NW, Edmonton AB T5K 1N8

**Cost** Not Applicable

#### Program of Studies Specific Outcomes

This coincides with the 5 marks of Catholic Education. This is so that all student's can celebrate the Catholic mass as a community together.

**Grades Attending** 10-12

**Course(s) Student(s) Registered In**

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<b>Number of Attending Students</b>	<u>900</u>
<b>Number of Attending Administrators</b>	<u>4</u>
<b>Number of Attending Teachers</b>	<u>41</u>
<b>Number of Non-Teaching School Staff</b>	<u>15</u>
<b>Number of Attending Volunteers</b>	<u>0</u>

**Lead Teacher and Contact** Mary Spelliscy (T)

#### Attending Administrators, Teachers, Supervisors and Volunteers

All teaching and non teaching staff will be in attendance.

#### Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

**Method of Transportation** Walking/School Bus

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**Carrier Name** First Student

**Telephone #** 780-465-5576

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**Clothing Required** Please wear weather appropriate clothing as we will be walking to St. Nicholas and outside for a portion to get to St. Joseph's Basilica.

**Risks - Inherent, special or unusual risks associated with the field trip**

**VISIT TO A CHURCH**

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder, storms, lightning, sunny/hot conditions.

Motor traffic exposures such as crossing streets and intersections, sidewalk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops. LRT, construction zones.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

Slip, trip, fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

All manner of injuries and/or death which may result in the transportation to and from the facility.

**A. COMMON RISKS**

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Possible injuries from improper use of equipment resulting in bruises, scrapes, cuts.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries resulting from the use of apparatus and equipment.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

All manner of injuries and/or death which may result in the transportation and transitions to and from each destination and facility.

**WALK/RUN AROUND THE COMMUNITY**

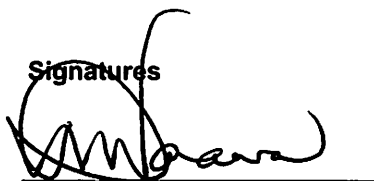
Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

**Date Submitted for Approval** Feb 22, 2017

**Signatures**



**Principal (Signature)**

DAVID WARAWA

**Print Name**

Feb 22/17

**Date**



**Lead Teacher and Contact (Signature)**

MARY SPELLISCY

**Print Name**

Feb 22/16

**Date**

**Austin O'Brien**

**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by: Feb 27,2017

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Field Trip Activity VISIT TO A CHURCH

Method of Transportation Walking/School Bus

Cost Not Applicable

Additional Information / Explanation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITION**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

\_\_\_\_\_  
\_\_\_\_\_

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), \_\_\_\_\_ (name of student) is to act in accordance of the School Act, District policy and rules as to student conduct.

I understand that pursuant to District Policy 126, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Parent Contact and Phone Number \_\_\_\_\_