EDMONTON
CATHOLIC SCHOOLS

, Canada

Repetitive Events Field Trip Parent Permission Letter

Field Trip Name Outdoor Education Hiking

Field Trip Activity HIKING

School Travelling With

After you have carefully read this letter, we ask that you sign and return ***only the*** "Parental Consent" portion to the school (the last page in this document). Please keep the remainder for your information and records.

Field Trip Details

Students will be partaking in various Outdoor Education activities including, but not limited to: Hiking, Orienteering, Bushcraft, Winter Snowshoeing and Fishing The purpose of these field trips will be to meet the outcomes as illustrated in the Alberta Education Programs of Studies for Outdoor Education (Tourism, Wildlife, etc...)
These weekly field trips are required for completion of the course and students that miss field trips will be required to make up any missed assessments on a later trip.

Activities

Activity	Date	Time	Location	Address
HIKING	9/2/2025-01/16/2026	Each Day During your child's Outdoor Education Block	Edmonton River Valley Park System Capilano Area	

Cost $80 (Included in School Fees)

Program of Studies Specific Outcomes

CTS WLD Outcomes

Grades Attending 10-12

Course(s) Student(s) Registered In

Number of Attending Students 36

Number of Attending Administrators

Number of Attending Teachers 1

Number of Non-Teaching School Staff 1

Number of Attending Volunteers 0

Lead Teacher and Contact Jonathan Sirman

Attending Administrators, Teachers, Supervisors and Volunteers

Marilyn Mundle (S)

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 Airporter, Yellow Bus

Carrier Name Yellow - Golden Arrow

Telephone # (780) 447-2433

Clothing Required Appropriate Clothing and Footwear according to weather conditions.

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

HIKING

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.

Close access to rivers, ponds and pools- drowning exposures.

Exposure to wildlife, animals and insects.

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

Date Submitted for Approval Aug 28, 2025

Signatures

Principal (Signature)	Susan Coates **Print Name**	Aug 28/25 **Date**
Lead Teacher and Contact (Signature)	Jonathan Simms **Print Name**	Sept 2nd 2025 **Date**

Austin O'Brien H.S.

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Sep 8,2025

Student Name _____ **Grade** _____

Field Trip Activity HIKING

Method of Transportation Walking, School Airporter, Yellow Bus

Please Indicate your fieldtrip payment method:

Cheque # _____ Interact or Credit payment in office for $ _____ Online Payment for $ _____

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 Education Act, Division policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted 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 or the insurance provider 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: _____

Relationship: ☐ Mother ☐ Father ☐ Other Legal Guardian

Emergency Parent Contact and Phone Number _____