

Local Field Trip Parent Permission Letter

Field Trip Name	WIN Senior	Life Skills						
Field Trip Activity		WALK/RUN AROUND THE COMMUNITY						
Location / Destination	Community of Ottewell, Bonnie Doon, Gold Bar, and Capilano							
School Travelling With	n/a							
				ly the "Parental Consent" portion or your information and records.				
Field Trip Details								
Students in the WIN Senior Program will be participating in recreation community outings throughout the 2025-2026 school year.								
This form will provide permission to go on walks, shopping, and park visits within the communities of Ottewell, Bonnie Doon, Gold Bar, and Capilano until the end of the 2025-2026 school year.								
Date of Field Trip	Start: Sep 5,	2025	Time of Departure	8:30 am				
	End: Jun 19,	ind: Jun 19, 2026 Time of Departure from Venue						
			Time of Return	3:00 pm				
Cost	Not Applicable							
Program of Studies Specific Outcomes								
Grades Attending	Grades 10 - 12	2	···					
Course(s) Student(s) Registered In								
Number of Attending Students 26								
Number of Attending Administrators								
Number of Attending Teachers		_2_						
Number of Non-Teaching School Staff		_3_						
Number of Attending	Volunteers	0						

Kailee Smith (WIN Senior Teacher) Kailee.Smith@ecsd.net 780-466-3161 and Amanda Harasem (T) Amanda.Harasem@ecsd.net

Attending Administrators, Teachers & Subject(s) Taught, Supervisors and Volunteers

Lead Teacher & Subject(s)

Taught and Contact

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

Safety Precautions

First aid kit

Clothing Required

Dress for the weather

Please have comfortable shoes or boots available at school throughout the year. These can be kept in lockers.

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

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 Aug 28, 2025

livates

Signatures

Principal (Signature)

Lead Teacher (Signature)

Print Name

Print Name

Data

Date

Austin O'Brien H.S. PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Sep 5, 2025

Student Name		Grade						
Field Trip Activity	WALK/RUN AROUND THE COMMUNITY	Start Date	Sep 5,2025	End Date	Jun 19,2026			
Location	Community of Ottewell, Bonnie	Doon, Gold Bar, ar	nd Capilano					
Method of Transportation Walking								
Cost Not Applicable								
Additional Information / Explanation								
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MEDICAL CONDIT	ION							
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 Guardi	an					
Emergency Parent Contact and Phone Number								