EDMONTON
CATHOLIC SCHOOLS

, Canada

Repetitive Events Field Trip Parent Permission Letter

Field Trip Name Terry Fox School Wide Activity 2025-2026

Field Trip Activity TERRY FOX WALK

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

Together as a school, we will walk for 30 minutes in the Ottewell community. We will participate in this event as a whole school to raise awareness about The Terry Fox Foundation and cancer research. The walk together as a school community will be mandatory but raising funds for the organization will be optional.

Activities

Activity	Date	Time	Location	Address
Terry Fox Walk	9/17/2025 (Rain out date: Sept. 19th 2025)	In the morning between 10:15 AM and 11:15 AM	Ottewell Community	5920 93a Ave NW, Edmonton, AB T6B 0X2 (5km radius to this location)

Cost Not Applicable

Program of Studies Specific Outcomes

Community Outreach

Grades Attending All Grades

Course(s) Student(s) Registered In

Number of Attending Students 1000

Number of Attending Administrators

Number of Attending Teachers 50

Number of Non-Teaching School Staff 10

Number of Attending Volunteers 0

Lead Teacher and Contact Kyra Reilly (T) (780) 466-3161 ext 525

Attending Administrators, Teachers, Supervisors and Volunteers

All staff will be attending

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

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

Terry Fox Walk

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 Sep 10, 2025

Signatures

Coutes	Susan Coates	Sept 10/25
Principal (Signature)	**Print Name**	**Date**
K. Reilly	Kyra Reilly	Sept 10/25
Lead Teacher and Contact (Signature)	**Print Name**	**Date**

Austin O'Brien H.S.

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Sep 17,2025

Student Name _____ **Grade** _____

Field Trip Activity TERRY FOX WALK

Method of Transportation Walking

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 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 _____