EDMONTON
CATHOLIC SCHOOLS

, Canada

**Local Field Trip Parent Permission Letter**

| | |
|---|---|
| **Field Trip Name** | Wetland Education |
| **Field Trip Activity** | Aquatic study at a wetland |
| **Location / Destination** | John E. Poole Wetland in St. Albert |
| **School Travelling With** | n/a |

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 in Biology 20 will be attending an aquatic field study in order to help meet the learning outcomes for their courses.

| | | | |
|---|---|---|---|
| **Date of Field Trip** | Start: Sep 19, 2025 | **Time of Departure** | 9:00 am |
| | End: Sep 19, 2025 | **Time of Departure from Venue** | 11:30 a,m |
| | | **Time of Return** | 12:00 pm |
| **Cost** | $ 5.00 | | |

**Program of Studies Specific Outcomes**

20–B1.2s conduct investigations into relationships between and among observable variables and use a broad range of tools and techniques to gather and record data and information
• perform a field study to measure, quantitatively, appropriate abiotic characteristics of an ecosystem and to gather, both quantitatively and qualitatively, evidence for analysis of the diversity of life in the ecosystem studied

**Grades Attending** 11

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

Biology 20

| | |
|---|---|
| **Number of Attending Students** | 56 |
| **Number of Attending Administrators** | 0 |
| **Number of Attending Teachers** | 2 |
| **Number of Non-Teaching School Staff** | 0 |
| **Number of Attending Volunteers** | 0 |

**Lead Teacher & Subject(s) Taught and Contact** Bryn Jonzon (T)

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

Alex Matias (T)

**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** yellow bus

**Equipment Required**

? Pencil(s)
? Sturdy footwear (no light fabric shoes or sandals)
? Toque/Gloves (cold/cool days)
? Small backpack (day pack)
? Jacket
? Rain Gear (waterproof jacket and pants or a garbage bag)
? Sweater
? Long Pants
? Shorts (hot days)
? Hat
? Extra Socks
? Hearty Lunch
? Snack
? Lots of Water (drinking water is not provided onsite)
? Sunscreen
? Bug Repellent
? Ana-kits, Inhalers or other medications as required

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

## 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** Aquatic study at a wetland Start Date Sep 19,2025 End Date Sep 19,2025

**Location** John E. Poole Wetland in St. Albert

**Method of Transportation** yellow bus

**Please Indicate your fieldtrip payment method:**

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** _____

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.
All manner of injuries and/ or death which may result from using, getting on or off, falling from, or component failure of chairlifts, gondolas, or surface lifts.
VISIT TO A LAKE, RIVER AND PORT

Slip/Trip/Fall hazards associated with wet rock surfaces.

Injury or Drowning due to swimming in water too deep or strong currents for student's skill level.

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

Possible hypothermia if water conditions are cold.

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

Diving into unknown waters can cause bodily harm, neck injuries and potential death.

**Date Submitted for Approval** Sep 4, 2025

**Signatures**

| | | |
|---|---|---|
| Coates | Susan Coate | Sept 5/25 |
| **Principal (Signature)** | **Print Name** | **Date** |
| | Bryn Jonzon | Sept. 5, 2025 |
| **Lead Teacher (Signature)** | **Print Name** | **Date** |