

## AP 308-4 Field Trip Parent/Guardian Consent Form

To be completed by Staff. Parent/Legal Guardian to retain top half for information

Staff: This form should only be emailed if consent has been provided to receive email communications by recipient.

**SCHOOL:** Clayburn Middle School

Dear Parent/Legal Guardian:

As part of their educational experience at school, our students will occasionally participate in a field trip. School District procedure requires that each student participating receive written consent from his/her parent/legal guardian.

On Monday February 19, 2018, Clayburn Jazz Band class will visit  
(date) (grade and division)

Abby Arts Centre travelling by: SD34 Bus  
(location) (bus, private vehicle, other)

The main purpose of this trip and its relation to the curriculum is: Jazz Band Clinic and Masterclass

The cost of this field trip is \$ 0.00 per student. Additional expenditures will be covered by our field trip budget. (Note: Fees may be waived for reasons of financial hardship. Contact your school administrator.) Any costs associated with this trip will be in compliance with AP 317 – Student Fees

Materials needed: Instrument, Amplifier (Guitar/Bass/Keys), Snare/Ride/HiHat (Drums)

Music

Departure Date & Time: 9:00am Anticipated Return Date & Time: 2:15pm

The class will be supervised by (number): 1 teachers \_\_\_\_\_ parent volunteers.

Supervisor in Charge: Aaron Long

**PARENTS/LEGAL GUARDIANS ARE REMINDED TO MAKE ANY SPECIAL ARRANGEMENTS WHICH MAY BE REQUIRED WITH RESPECT TO MEDICAL OR OTHER INSURANCE COVERAGE.**

Teacher's Signature  Date January 19, 2018

*Please complete the form on the next page and return it to your school.*

Field Trip Location \_\_\_\_\_ Date(s) \_\_\_\_\_

I hereby give consent for my child \_\_\_\_\_ to participate in the  
planned field trip. (student's name)

Medical Concerns (if any) \_\_\_\_\_

I confirm that my child is covered by BC Medical Plan. MSP# \_\_\_\_\_

I confirm that my child is covered by a private medical plan  
Name of Insurance Plan \_\_\_\_\_ Policy # \_\_\_\_\_

If this trip involves travel outside of Canada, I confirm that my child is covered by extended medical insurance for "Out of Country" travel.

Name of Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

Accidents can be the result of the nature of the activity and can occur with or without any fault on the part of the student, the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.

I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

NOTE: If other travel arrangements have been made, written consent of the parent/legal guardian is required