



# FIELD TRIP CONSENT FORM

This is to advise that \_\_\_\_\_ School  
intends to involve your son/daughter (the "student") in an off-campus activity (the "field trip"), the particulars of which are as follows:

Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

Arranged Supervision: \_\_\_\_\_

Date(s) and Times(s):  
(attach schedule if applicable) \_\_\_\_\_

Transportation Plans: \_\_\_\_\_

Associated Risks: \_\_\_\_\_

Costs, if any: \_\_\_\_\_

If you will permit your son/daughter to participate in this field trip, please sign and tear-off the portion below and return it to the school.

You will be notified of any changes to the dates (and/or schedule) if this should occur.

**Note: a student will be allowed to participate in the field trip(s) when this form is signed and returned to the school by the following date:** \_\_\_\_\_

**If you require additional information, please phone the school at:** \_\_\_\_\_

**FIELD TRIP CONSENT FORM** for: (date(s) of field trip) \_\_\_\_\_

Destination: \_\_\_\_\_

Having understood and signed the Field Trip Annual Consent Form and having read and understood the particulars of this specific Field Trip Consent Form, I give my permission for my son/daughter:

\_\_\_\_\_ (student name), to participate in: \_\_\_\_\_  
\_\_\_\_\_ (description of activity/field trip).

We acknowledge that it is our responsibility to advise the school of any medical condition(s) that may affect our son/daughters participation in the field trip in the event of a medical emergency, the supervising teacher or any one of the volunteer chaperones may seek medical advice and/or treatment deemed necessary for the health and safety of the student and we shall be financially liable for the provision of such medical emergency services.

By signing this form and permitting my son/daughter to participate in these Field Trips, I/we, as parent(s)/guardian(s) - both for myself/ourselves and on behalf of our son/daughter - acknowledge that we are aware of the risks associated with these Field Trips, and agree to release and hold harmless the Calgary Catholic School District, the School and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's participation in these above authorized Field Trips. The district will, however, be responsible for any injuries and damages suffered by the student while participating in this field trip that arises **as a result of the negligence of the district.**

Date \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_