

FIELD TRIP NOTIFICATION TO PARENTS

Name of School _____ Name of Teacher-Leader _____
 Grade(s) of Students _____ Destination _____
 Date of Departure _____ Date of Return _____
 Purpose of Trip _____

<u>Transportation</u>	Walking	Commercial Carrier	GYP Bus #
	Private Vehicle	Other	Activity Bus #

Trip Itinerary is attached.

Special Provisions for your child, as agreed to by the parent, if applicable

Safety Precautions in place

Emergency Procedures:

- Teachers will assess the situation and respond by either administering first aid or contact 911, and notify the Teacher-Leader
- the Principal is contacted
- if a child is being returned to the school, the school will be informed
- if a child is in need of emergency medical services, the parents and the school will be informed by the Teacher-Leader

Supervision of Students: a supervisor to student ratio of _____ shall be maintained for the duration of the field trip.

Cost to the Student: _____

Supplies, equipment, documentation required _____

Additional Information _____

Emergency Cancellation of Field Trip:

PLEASE NOTE: If any significant details of this trip change, the Teacher-Leader will notify the parents prior to the trip departure. The Division is not responsible for refunds and/or compensation for any cancelled trip.

PARENT PERMISSION FORM

Please complete and return this form as soon as possible.

Student Name (print) _____

Trip _____

Medical and/or Dietary Information

(If applicable)

Emergency Contact _____ Emergency Phone _____

I have read the information regarding my child's up-coming trip. I give permission for my child to attend.

Parent Signature

Date

I would like to attend as a parent-supervisor.

DISTRIBUTION: File at school level