

## Notre Dame School

66 Southpark Drive, Leduc  
AB, Canada T9E 7J1  
780-986-9300

### Repetitive Events Field Trip Parent Permission Letter

**Field Trip Activity** NATURE WALK and TERRY FOX WALK

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#### Field Trip Details

##### Field Trip 1

The whole school will be participating in the National School Terry Fox Walk on Monday, October 2, 2017 . At 9:00 am, the school will gather to sing O Canada and then proceed to walk as a supervised group in the school community area.

##### Field Trip 2

Winter Walk Day: On Wednesday, February 7th , 2018, the whole school will be participating in Winter Walk Day. As a class, the student will walk as a supervised group in the school community area. This event will be weather permitting, as it is taking place in the winter months.

If the weather does not permit, the walk will take place in the gymnasium during the regularly scheduled PE time. If we are to re-schedule on another day, you will be notified by the school.

**Cost** Not Applicable

#### Integration of the events and activities with Program of Studies / Educational Value

**Grades Attending** K-6

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**Number of Attending Students** 410

**Number of Attending Teachers** 25

**Number of Non-Teaching School Staff** 15

**Number of Attending Volunteers** 0

**Lead Teacher and Contact** Christina Mullin and Monique Tellier-Phillips

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#### Attending Teachers, Supervisors and Volunteers

All homeroom teachers and Educational Assistants at Notre Dame School.

#### 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

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**Equipment Required** Water bottles are optional.

**Clothing Required** Please dress appropriately for the weather conditions and wear close toed shoes.

**Other Information**

Please return this form no later than September 22, 2017.

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

**NATURE WALK**

All manner of injuries including but not limited to sprains, torn muscles and/or ligaments, fractures or broken bones, cuts, eye damage, scrapes, wounds, abrasions and/or contusions, oxygen shortage, head, neck, and/or spinal injuries.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

All manner of injuries resulting from forces of nature, accident, hazards of participating in outdoor activities and sports including activities and sports taking place on or near water, illness, allergic reactions and all other manner of injury related to the program activities.

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

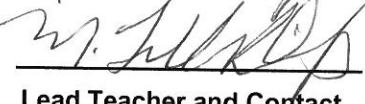
**Date Submitted for Approval** Sep 12, 2017

**Signatures**

  
Principal (Signature)

Monique Tellier-Phillips  
Print Name

Sept 12/07  
Date

  
Lead Teacher and Contact (Signature)

Monique Tellier-Phillips  
Print Name

Sept 12/07  
Date

**Notre Dame School**

**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Field Trip Activity NATURE WALK and TERRY FOX WALK

Method of Transportation Walking

Cost Not Applicable

Additional Information / Explanation

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**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.

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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 HERE) \_\_\_\_\_ is to act in accordance of the School Act, District policy and rules as to student conduct. St. Thomas Aquinas Roman Catholic Separate Regional Division #38 does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

**I understand that St. Thomas Aquinas Roman Catholic Separate Regional Division #38 assumes no financial liability to the students and/or their parents/guardians should the board cancel or interrupt an approved student trip / excursion for any reason whatsoever. I understand no parents/guardians shall be reimbursed for the loss of any field trip monies if the field trip/excursion is cancelled or interrupted. This includes any form of deposit. However, a parent shall be reimbursed field trip/excursion 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/excursion, 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 further understand that, in all instances, the board reserves, in full, the right to make any cancellation or interruptions it deems fit.**

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/or 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.

I understand and accept the above and provide the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 with the following waiver of liability and RELEASE AND INDEMNIFICATION AGREEMENT. I hereby release the St. Thomas Aquinas Roman Catholic Separate Regional Division #38 and its' staff and agents from any and all liability for any injury sustained regardless of how caused, resulting from participation in the aforementioned field trip/excursion.

My child will attend the event: \_\_\_\_\_

Alberta Health Care Card Number: \_\_\_\_\_

Emergency Parent Contact: \_\_\_\_\_

Emergency Parent Phone Number: \_\_\_\_\_

My child will NOT attend the event: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Parent signature is required regardless if the child is attending the event or not. This form is REQUIRED to be returned to school.***

If you are experiencing financial difficulties please contact the principal in confidence.