Standard Field Trip Parent/Guardian Permission Form

School Name: Cortes Island School	Field Trip Date: Thursday April 10th, 2025
We will be traveling to (field trip destination): Larsons Meadow	
Departure Time (from school): **10:15 am**	Departure Time (from destination): **12:00 pm** Arrival Time (back to school): **12:20 pm**
We will be travelling by: ☐ Walking ☐ Public Transit ☐ Private Bus ☐ Private Vehicle ☒ School Bus	Accommodation: ☒ Not Applicable ☐ Billet ☐ Hotel/Motel ☐ Camping ☐ Other _____
Students will be supervised by: Adult/Student Ratio: _____ Teacher Supervisor(s): _____x__ ** Middle and secondary aged students may not be supervised by an adult at all times.*	Students will need to bring: - Rainboots - Weather appropriate clothing
Field Trip Teacher Organizer(s): Claudia.B, Christine.D, Christine. R	

The educational objectives/purpose and trip details are:

To release the fry (salmon) into the stream.

Parent/Guardian Permission – Please Complete Below:

Accidents can be the result of the nature of the activity and can occur with or without fault on either the part of the student, or the school district 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, _____, the parent or guardian of _____
(parent's name – please print) (student's name – please print)

give my permission for him/her to take part voluntarily in the above mentioned activity. I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur and I am aware of the method of travel as outlined above. My child and I also understand that the school's Code of Conduct applies during this field trip. I will be responsible for any costs caused by my child's failure to abide by the Code of Conduct, including any costs to send my child home.

_____
(signature of parent/guardian)

My child has no illnesses or allergies or disabilities that may require special attention, except as described here: _____

_____

If you do not wish your child to accompany his/her class on this trip, please contact the field trip's teacher organizer(s) listed above who will arrange alternate supervision.

Volunteer Drivers Only – Please Complete Below:

I, _____, state that I have a current criminal record check and current driver's abstract on file at the
(driver's name – please print)
school and have no moving violations, no impaired driving charges or criminal charges related to a motor vehicle in the past two years. My vehicle is legally equipped to transport _____ passengers and maintains a minimum of $1,000,000 third party liability insurance. Note: if your vehicle has the capacity to transport more than 10 people, including the driver, a minimum of $10,000,000 third party liability insurance is required.

_____ _____
(date) (signature of driver)