

CAMPBELL RIVER School District 72 Standard Field Trip Parent/Guardian Permission Form

We will be travelling to (field trip destination): Departure Time (from school):	School Name:	Field Trip Date:	
Departure Time (from school): Departure Time (from destination): Accommodation: Malking	We will be travelling to (field trip dectination):		
We will be travelling by: Walking	we will be travelling to (field trip destination).		
Walking	Departure Time (from school): Departure Time (from destination): Arrival Time (back to school):		
Walking			
Private Bus Private Vehicle Other Other	We will be travelling by:	Accommodation:	
Students will be supervised by: Adult/Student Ratio:	Walking Public Transit	□ Not Applicable □ Billet	
Students will be supervised by: Adult/Student Ratio: supervised by an adult at all limes. Field Trip Teacher Organizer(s): The educational objectives/purpose and trip details are: Field Trip Teacher Organizer(s): The educational objectives/purpose and trip details are: Field Trip Teacher Organizer(s): The educational objectives/purpose and trip details are: 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, so suitable for your child. I. [parent'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. [suprature of parentlyjundian) 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 altermate supervision. Volunteer Drivers Only - Please Complete Below: I. [Giver's name - please print] state that I have a current criminal record check and current driver's abstract on file at the school and have no moving yolidations, no impaired driving charges or criminal charges related to a motor vehicle in the past two years. M	Private Bus Private Vehicle	Hotel/Motel Camping	
Adult/Student Ratio:	School Bus	Other	
Students may not be supervisor(s):	Students will be supervised by:	Students will need to bring:	
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I,, state that I have a current criminal record check and current driver's abstract on file at the 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.			
(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.	Volunteer Drivers Only – Please Complete Below:		
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