



# Field Trip Parent/Guardian Permission Form

School Name: Cortes School		Field Trip Date: Thursday April 17th 2025	
We will be travelling to (field trip destination): Campbell River - Robron Center - Verticle Madness Industrial Sewing			
Departure Time: 7:30 parent drop-off at ferry 7:50 Ferry		Departure Time (from destination): 3:50 Ferry parent pick-up	
We will be travelling by:  <input type="checkbox"/> Walking <input type="checkbox"/> Public Transit <input type="checkbox"/> Private Bus <input type="checkbox"/> Private Vehicle <input checked="" type="checkbox"/> School Bus		Accommodation:  <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Billet <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Camping <input type="checkbox"/> Other _____	
Students will be supervised by:  Adult/Student Ratio: 8:1 <i>* Middle and secondary aged students may not be supervised by an adult at all times.</i>  Teacher Supervisor(s): 1  _____		Students will need to bring:  <b>Snack and lunch</b> <b>Water bottle</b> <b>Rain jacket</b>	
Field Trip Teacher Organizer(s): Taylor Wren			
The educational objectives/purpose and trip details are:  We will be engaging in Applied Design, Skills, and Technology curriculum in a series of designing and sewing.			
<b>Parent/Guardian Permission – Please Complete Below:</b> 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: _____  _____  <i>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.</i>			
<b>Volunteer Drivers Only – Please Complete Below:</b>  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)			