CAMPBELL RIVER School District 72

Standard Field Trip Parent/Guardian Permission Form

School Name: Ripple Rock Elementary

Field Trip Date: June 1, 2026 (Monday)

We will be travelling to (field trip destination): Miracle Beach.

Departure Time (from school): 9:00am

Departure Time (from destination): 1:15pm

Arrival Time (back to school): 1:45 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: 1:12

Teacher Supervisor(s): 18

** Middle and secondary aged students may not be supervised by an adult at all times.*

Field Trip Teacher Organizer(s): A. Ritchie

Students will need to bring:

- sunscreen, hat
- waterbottle, lunch/snacks
- towel, beach footwear.
- clothing for the weather
- change of clothes.

The educational objectives/purpose and trip details are:

- Year end celebration of learning, physical activity.
- Beach exploration

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, _____ (parent's name – please print), the parent or guardian of _____ (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, _____ (driver'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 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)