



FIELD TRIP PERMISSION FORM

AP 260 Field Trips

Dear Parents/Guardians, this is to inform you that we are planning the following field trip.

Field Trip Information (to be completed by the Field Trip Supervisor)

School		Today's date				
Clover Bar Junior High (7-9)		Monday Feb 5th				
Trip Supervisor/Staff Liaison (if not a staff member)		Position				
Benson		Teacher				
Departure date	Time	Return date	Time	Subject/Block	# of Students	Grades
Wednesday Feb 14th	12:45 PM	Wednesday Feb 14	2:45	Hockey	40	7-9

Other supervisors (indicate if supervisor is a teacher, classified staff, parent or other volunteer)

Other CLB Hockey Instructors

Destination(s), include the address whenever possible

Saikers Acres

Purpose of the trip (include curriculum/program alignment)

Watch the "Worlds Longest Hockey Game"

Activities	Risks and safety precautions
Watch Hockey	Walking on Ice possibly, Bus Transportation

Transportation arrangements	Special clothing or equipment required
Regular Scheduled Hockey Bus	

If your child has any **allergies or medical conditions** which require special consideration, please contact the school at 780-

Please sign and return the second copy of this letter with _____ to Business Office by Tuesday Feb 13th

Cheques can be made payable to _____

Parent/Guardian Approval (Students will be required to follow all applicable school rules for the duration of the trip.)

I _____ allow do not allow _____ to participate in this field trip.

Parent/Guardian Signature Date

Emergency Contact Information

Emergency contact name	Home phone	Work	Emergency

Request for Volunteers Complete this section if you are able/available to help supervise on this field trip.

Name	Phone	Email

Freedom of Information and Protection of Privacy - Notification of Use
 The information collected on this form is for the purpose of coordinating field trip in EIPS, including tracking permission and maintaining accurate emergency contact information. This personal information is collected pursuant to the provisions of the *School Act* and Regulations thereto, and the *FOIP Act*, section 33(c). If you have any questions about the collection and use of the information, please contact Elk Island Public Schools' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-417-8204, or your school principal.