**KLO MIDDLE SCHOOL**

**FIELD TRIP PARENT PERMISSION**



**DETAILS OF THE TRIP:**

School KLO MIDDLE SCHOOL School Phone No. 250-870-5106

Teacher Contact: Chad Wardman Destination: Hillside Stadium, Kamloops

**Purpose of Trip**: Valley Track and Field Finals, to compete with the KLO Track Team.

Inherent Risks of Participating: Sprains/twists associated with running and jumping, asthma attacks, allergies, any heart or serious health conditions could be exacerbated, getting hit by thrown objects, falls on high jump and any walking related issues such as accidents, slipping, etc. Students will be bussed and all associated travel risks such as accidents. Heatstroke, Sunburns (BRING/USE SUNSCREEN/COVERUP).

Group of Students Track Team No. of Students ~17-25 No. of Teachers/Supervisors 1-2

Departure Date (M/D/Y) Monday, May 13/2019 Departure Time: 6:00am Return Date (M/D/Y) same

Pick-Up Time: 4:30 or 5 pm from Hillside Stadium

Arrival Time Back at School 7:30pm (Communicate with parents)

TRANSPORTATION:

Please indicate the applicable sections.

School District Bus **[X]** Wheelchair Access **[ ]** City Transit **[ ]** Private Vehicle **[ ]**

Rented Vehicle **[ ]** Commercial Carrier **[ ]** Foot/Bicycle **[ ]**

**Driven by:**

District Driver **[X]** Authorized Adult **[ ]** Teacher **[ ]** Commercial Driver **[ ]**

Authorized Student Driver (no passengers allowed) **[ ]**

**BE SURE to include Medical number**.

**PARENT/GUARDIAN CONSENT:**

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field trips, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

**NOTE: Students should bring sunscreen, food and water to the track**

Consent is given for (name of student) to participate and travel as described.

Name

Student’s BC Medical #

Medical concerns, allergies, medication requirements

Signature Date

Attachments: ❒ Yes ❒ No

(including any special requirements in order to participate)