**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 Apple Bowl, Kelowna

**Purpose of Trip**: Apple Bowl Competitions, 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.

Group of Students Track Team No. of Students 40-60 No. of Teachers/Supervisors 2-4

Departure Date (M/D/Y) Tuesdays, Apr. 10, 17, 24, May 1/2018 Departure Time: 4pm, at KLO bus stop.

Return Date (M/D/Y) same Return Pick-Up Time 6:35ish at the Apple Bowl

Arrival Time Back at School 6:45, +/- 15 min (students can go home with parents if communicated.)

**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) **[ ]**



NOTE: Students are to find their own way to the Apple Bowl, UNLESS arrangements are made and documentation in place for Mr. Wardman to drive in personal vehicle. Insurance forms and parent permission forms required.

**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 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)

Form 525.2

Date Agreed: September 2004 Date Amended: March 28, 2007