



SCHOOL DISTRICT NO. 22 (VERNON)

Student Field Trip – Informed Parent Consent

SCHOOL: W.L. Seaton Secondary STUDENT'S NAME: _____

REGARDING TRIP TO: Gardom Lake Camp

PURPOSE OF TRIP: Grade 12 Field Trip

TYPE OF VEHICLE: School Bus DATE OF TRIP June 15 TO June 15

These activities, which are approved by the school, will be under the supervision of the school staff or person(s) designated by the Principal. I understand that my child will be required to adhere strictly to the rules and regulations as determined by the school.

I understand that the School District accepts no liability in connection with this activity beyond that which might arise from my child's attendance at school during normal operating hours.

I agree to appoint the teacher or other supervisory personnel – as my agent to engage medical attention or hospitalization if in their consideration, my child requires same.

To the best of my knowledge, other than as noted below, my child has no physical or medical disability that would present any problem on this trip.

THE FOLLOWING TO BE COMPLETED FOR OVERNIGHT AND LONGER TRIPS:

Please list below any allergies or ailments your child is subject to and precautions to be taken:

N/A This is a day trip only. We leave school at 8:30AM and return by 3:00PM

INFORMED CONSENT

Detailed written description of proposed trip to parents (please attach letter to parents if necessary):

Students will participate in these activities: Climbing Wall, Laser Tag, Archery, Canoeing, Zip-lining, high ropes.

Nature and Scope of Risks Inherent in Activity: Slip, trip and fall due to the nature of the activities.

My child is covered by (Please check where applicable)

Medical Insurance MSP _____ Care Card # _____
 EHB _____
 Other _____
BC Hospital Insurance Yes _____ No _____
Student Accident Insurance Yes _____ No _____

I hereby voluntarily give my consent to School District No. 22 (Vernon) for my child to participate in the above trip.

Date

Signature of Parent or Guardian