

Birchland Elementary School

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Ms. Elspeth Anjos, *Acting Principal*

Field Trip Consent Form

October 2017

Dear Parents:

As a way of thanking the Grade 5's for all the added responsibilities they take on in our school, we have arranged for a number of swim times for 2017 - 2018. They are;

Nov 1/17	Mar 5
Dec 4	Apr 4
Jan 15/18	May 2
Feb 5	June 6

We will be walking to Hyde Creek Pool. We will leave the school at 1:00 p.m. and return at approximately 2:50 p.m. We will require parents to join us on the walk.

If students have their "Get Active" cards they will be permitted to swim for free. If you have not received the letter or misplaced, please contact the office. Otherwise the cost of these swim sessions will be \$3.10 each time. Please send the "Get Active" card or money (exact amount), swimsuit, towel and \$1 for locker on the day of the trip.

Sincerely, Mr. Sung & Ms. Hamnett





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Permission Slip: Please complete and return by WEDNESDAY, Oct 18th

Activity:	Swimming	at Hvde	Creek 2017	- 2018

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities, and may occur without fault on the part of the student, school board, its employees or agents, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child, and that there is a risk of injury associated with the activity. My child and I understand that both the district and school's Code of Conduct applies during the field trip. I will be responsible for any costs caused by my child's failure to abide by the Codes of Conduct, including any costs to send my child home.

Codes of Conduct, including any cost		osts caused by my child's failure to abide boome.	y tne
☐ Yes, my child Creek November 2017 to June	has permiss 2018.	sion to attend the field trip for swimming to h	⊣yde
☐ I am able to supervise on this field	l trip.		
☐ My child will have their "Get Active	e" card on swim day	(if you need a copy of the letter, please contact	the office).
☐ Or; my child will have \$3.10 (exac	t amount) to cover th	ne cost of swimming on swim day.	
to participate in the extra-curricular fierisk of injury due to accident while pa	eld trip described aborticipating in this action oncerns which school	I staff should be aware of surrounding your	oosed to a
Parent/Guardia	 an Signature	 Date	