



Birchland Elementary School

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Ms. Elspeth Anjos, *Principal*

Field Trip Consent Form Save-On-Foods Nutrition Tour

Date of Field Trip: **Thursday, October 25, 2018**

Departure Time: **10:00am** Anticipated Return Time: **11:15am**

Location of the Field Trip: **Save-On-Foods 1430 Prairie Ave, Port Coquitlam, BC V3B 5M8**

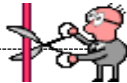
Nature of the Field Trip: **We are learning about nutrition this term and would like to expand our classroom to the community to help better understand the concepts. We are meeting a nutritionist from the store to help us understand how to make healthy food choices to better fuel our brains for learning.**

Teacher(s)/Administrator(s) in Charge: **Ms. Lueck**

Cost of Optional Field Trip: **No Charge**

We require parent volunteers for this trip. Please indicate on the return form if you can volunteer. All parents welcome!

Miss Lueck



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Permission Slip: Please complete and return by Monday, October 22

Activity:	Save-On-Foods Nutrition Tour October 25, 2018
<p>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.</p> <p><input type="checkbox"/> Yes, my child _____ has permission to attend the field trip to SAVE-ON-FOODS NUTRITION TOUR October 25, 2018.</p> <p><input type="checkbox"/> I am able to supervise on this field trip. No siblings please.</p> <p><input type="checkbox"/> I have completed a Criminal Record Check and School Volunteer Package. Available at office.</p> <p>I, _____ give permission for my child _____, to participate in the extra-curricular field trip described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.</p> <p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>	