

1080 Winslow Avenue Coquitlam British Columbia V3J 0M6 • Phone 604-939-9201 • Fax 604-939-7828

## SCHOOL DISTRICT NO. 43 (COQUITLAM) PARENT/GUARDIAN FIELD TRIP INFORMATION AND CONSENT FORM

### Dear Parents / Guardians

The purpose of this letter is to inform you about a proposed field trip involving your child and to seek your support and written permission for your child to participate.

Please note that participation in this activity is optional. Any cost of the trip reflects your child's expenses only. No student will be denied access to a field trip or activity due to an inability to pay. If the fee presents a hardship to you, please contact the school principal or vice principal. All such requests will be kept confidential.

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities and injury may occur without fault on the part of the student, the school board, its employees and volunteers, 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 acknowledging that you understand there is a risk of injury associated with it.

Ms. Raquel Chin (alternate: Ms. Sarah Boudreau)

Teacher

Ms. Denise Nembhard

Vice- Principal

Date of Field Trip: Oct 26, Jan 25, Mar 7 (Zoom Sessions); Nov 16, April 11, May 9 (UBC Campus Visits)

Departure Time: 8:10 am

Anticipated Return Time: 4 pm

Location of the Field Trip: UBC

Nature of the Field Trip: Black Futures--Introducing students to post-secondary and career options

Students will need to bring: Water, personal items, spending money if desired

Teacher(s)/Administrator(s) in Charge: Ms. Raquel Chin (alternate: Ms. Sarah Boudreau)

Your son/daughter will be traveling by:

       School Owned Bus

       Private Vehicle

  X   Rented Bus

       Other (Specify)

Cost of Optional Field Trip: no charge

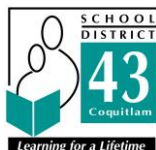
The cost includes (itemized list regarding transportation, entrance fees, etc.):

Known Risks and Safety Information:

risk of vehicle accident, slips and trips

☐ We require parent drivers for this trip. Please indicate on the return form how many children you can carry in your vehicle. (Note: according to School District Administrative Procedure 255, it is recommended that children under 12 years of age not be permitted to ride in an airbag protected seat).

☐ We require parent volunteers for this trip. Please indicate on the return form if you can volunteer.



1080 Winslow Avenue Coquitlam British Columbia V3J 0M6 • Phone 604-939-9201 • Fax: 604-939-7828

SCHOOL DISTRICT NO. 43 (COQUITLAM)  
**PARENT/GUARDIAN FIELD TRIP INFORMATION AND CONSENT FORM**

Field Trip Name UBC Black Futures

Please include any information or special concerns such as allergies, medical conditions, etc., that school staff should be aware of surrounding your child's participation:

My child and I understand that both the school district and school's Code of Conduct apply 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.

(Please print) I, \_\_\_\_\_, give permission for my child \_\_\_\_\_, to participate in the 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.

- ☐ I have included \$\_\_\_\_\_ payment for this field trip.
- ☐ My daytime contact phone number is \_\_\_\_\_

***If this field trip requires parent drivers and / or volunteers, please complete the section below:***

- ☐ I can volunteer for this field trip.
- ☐ I can drive for this field trip. I am able to take \_\_\_\_\_ children in seats without airbags.
- ☐ I have completed a Volunteer Driver Certification for Insurance form.
- ☐ I have provided the school with a copy of my Criminal Record Check.
- ☐ I have provided the school with a copy of my Driver's Abstract.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Contact Phone Number

***Please complete the attached consent form and return the completed form to the sponsor teacher listed above by November 9--please return to the career facilitator at your school***

Last revised: June 2017