

## STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM (Routine)

**Please Return This Completed Form by:** \_\_\_\_\_ November 13, 2017 \_\_\_\_\_

Name of School: \_\_\_\_\_ Chilliwack Middle School \_\_\_\_\_ Activity Date: \_\_\_\_\_ November 23, 2017 \_\_\_\_\_

*The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball games require a one time approval only. **Participation in this field trip is optional**, students who do not participate in field trips will be provided with supervised study.*

Purpose: \_\_\_\_\_ "Rise Above" School Presentation \_\_\_\_\_

Departure Time: \_\_\_\_\_ 8:45 am \_\_\_\_\_ Return Time: \_\_\_\_\_ 12:45 pm \_\_\_\_\_

Destination(s): \_\_\_\_\_ Galaxy Cinemas - Chilliwack \_\_\_\_\_

Travel Arrangements: \_\_\_\_\_ school bus \_\_\_\_\_ Cost to student: \_\_\_\_\_ \$5.00 \_\_\_\_\_

Students will need to bring: \_\_\_\_\_ N/A \_\_\_\_\_

Sponsor Teacher(s): \_\_\_\_\_ Mrs. P. Gosal, and Ms. R. Forstbauer \_\_\_\_\_

Supervision Provided by: \_\_\_\_\_ All Teachers/Principal and Vice-Principal \_\_\_\_\_

*Accidents can be the result of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for your child.*

\_\_\_\_\_  
Principal signature

\_\_\_\_\_  
Sponsor Teacher(s) signature(s)

I give \_\_\_\_\_ (full name of student) permission to participate in the field trip  
Advisory: \_\_\_\_\_  
to \_\_\_\_\_ Rise Above Presentation – Galaxy Cinemas, Chilliwack \_\_\_\_\_ on \_\_\_\_\_ November 23, 2017 \_\_\_\_\_. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

**Student's Care Card Number:** \_\_\_\_\_

Medical Information (please include any medical or health concerns):  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone # / Work Phone # / Cell Phone #

\_\_\_\_\_  
Alternate (Local) Contact Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Phone # / Work Phone # / Cell Phone #