



FIELD STUDIES PARENT/GUARDIAN PERMISSION

DETAILS OF THE STUDY:

School _____ School Phone No. _____
 Teacher Contact _____ Destination _____
 Purpose of Study _____

Description of Activities/Itinerary: _____

Inherent Risks of Participating:

Group of Students _____
 No. of Students _____ No. of Teachers/Supervisors _____
 Departure Date (M/D/Y) _____ Departure Time _____
 Return Date (M/D/Y) _____ Return Pickup Time _____
 Arrival Time Back at School _____

TRANSPORTATION:

School District Bus Wheelchair Access City Transit Private Vehicle
 Rented Vehicle Commercial Carrier Foot/Bicycle

Driven by:

District Driver Authorized Adult Teacher Commercial Driver
 Authorized Student Driver (no passengers allowed)

PARENT/GUARDIAN CONSENT:

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field studies, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for _____ (name of student) to participate and travel as described.

Name _____

Student's BC Medical # _____

Medical concerns, allergies, medication requirements _____

Signature _____ Date _____

Attachments: Yes No
 (including any special requirements in order to participate)