FIELD TRIP CONSENT FORM

Telephone No: 832 - 6031

SHUSWAP MIDDLE SCHOOL

Purpose of Trip:		RUGBY games -accidental injury acknowledgement		School Bus					
Destination:		SMS School							
Destination Address:		171 30th Street SE, Salmon Arm, BC, V1E 1J5		Private Vehicle					
Destination Phone #:		<u>250-832-6031</u>		Other: (specify)					
Dates:		See Schedule							
Time:		See Schedule		N/A					
Expected Finish Time:		See Schedule							
On this field tr	ip, we	will be: (describe the activity and physical environment)							
rugby following t where there is th qualifications and This trip will be	ouch ru le potei d certifi e supe	ne playing touch rugby games. Students are taught how to sating by rules of play. Please be aware the potential for injury is a natial for incidental or situational contact during regular game cations to deal with injuries. **Ervised by: SMS Mr. Gecse*	always (play. C	greater in a sport oaches have safety					
Please be aware that accidents can be the result of the nature of the activity and can occur with or without any fault on either 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 the risk of an accident occurring, and agree that this activity, as described on the "Field Trip Consent Form" and any other information provided, is suitable for your child. Please call if you have any questions.									
/D-iiI Ci	4 \	DEREK GECSE							
(Principal Signa	iture)	(Sponsor teacher – please	print)						
Name of Studen	t:								
		I have read the above information about the planned field trip my child to participate. I understand that my child may be expending participating in these activities. Accidents and injuries not one wish my child to accompany his/her class on this trip.	oosed to nay occ	o certain risks cur.					
		supervision.		G					
Signature of Pare	ent/Gua	rdian:							
Print Parent/Gua	rdian N	ame:							
Home/Cell Phone	e No	Work/Cell Phone No							
practices SD83 extra	and pa and g a curr	rents are responsible for arranging transports ames. Any parent driving other children than icular business must have an RCMP Criminal Res	their	own for AWAY					

PLEASE RETURN THIS FORM BY: Wednesday April 27, 2022

School:

SCHOOL USE OF PRIVATE VEHICLE

(Original to be filed in the school office)

Driver'	's Name (please print clearly	·)	Driver's License	Number			
Driver'	's Phone Number		Resident Addre	ss of Re	gistered Owr	ner	
Vehicle	e License Number	Model/Year o	of Vehicle		# of Shou	ılder Seat Bo	elts
	The District requires that insurance be carried on a function. Please note that responsibility through his as defined by the Motor V	any vehicle used t at the driver of a v s/her insurance ca	o transport stude ehicle transportii	ents to d ng scho	or from a sch ol students	nool bears	
>	I am aware that effective requires the use of a CS children under age nine (145cm)	SA approved boo	ster seat for all		yes		no
>	The above vehicle has (\$2,000,000 recommen				yes		no
>	I have a valid driver's lid accordance with the BC that there is one seatbe	Motor Vehicle A	ct and ensure		yes		no
>	The vehicle(s) are in go worthiness, appropriate		•		yes		no
>	The vehicle is equipped bag (If yes, no student placed in a front seat ed	under the age of	13 shall be		yes		no
 Driver	's Signature		_	_			Date

The Board of Education of School District #83 (N. Okanagan -Shuswap)
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