

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

**FIELD TRIP CONSENT FORM**

School: SHUSWAP MIDDLE SCHOOL Telephone No: 832 - 6031

Purpose of Trip: X-country off property running practice & Little Mtn Stomp

Destination: SMS School & Little Mtn

Destination Address: 171 30<sup>th</sup> Street SE, Salmon Arm, BC, V1E 1J5

Destination Phone #: 250-832-6031

Dates: Friday's afterschool & Tuesday May 3<sup>rd</sup>

Time: See Schedule

Expected Finish Time: See Schedule

<input type="checkbox"/>	School Bus
<input type="checkbox"/>	Private Vehicle
<input type="checkbox"/>	Other: (specify)
_____	
N/A	

**On this field trip, we will be:** (describe the activity and physical environment)

Grade 6-7 students will be participating in x-country runs afterschool on school property and at Little Mtn Park. Students will be shown proper warm-ups and then will run through determined routes. Students will also be participating in the Little Mtn Stomp SD83 x-country running event on Tuesday May 3<sup>rd</sup>. Please see the following link for details: <http://dgcse.weebly.com/uploads/1/3/8/5/13850029/little-mountain-stomp-information-letter-2022.pdf> Runs for Grade 6/7s will start at 11:00am on that day, with awards to happen around 1:00pm. See attached schedule and information for specific information for SMS Gr6/7 runners.

**This trip will be supervised by:** Mr. D. Gecse, Mrs. S. Whitehead, Mrs. C. Reid, Mrs. S. Hiebert, and Mr. A Henderson.

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.

  
(Principal Signature)

DEREK GECSE  
(Sponsor teacher – please print)

Name of Student: \_\_\_\_\_

- Yes I have read the above information about the planned field trip and give my consent for my child to participate. I understand that my child may be exposed to certain risks while participating in these activities. Accidents and injuries may occur.
- No I do not wish my child to accompany his/her class on this trip. Please arrange alternate supervision.

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

Print Parent/Guardian Name: \_\_\_\_\_

Home/Cell Phone No. \_\_\_\_\_ Work/Cell Phone No. \_\_\_\_\_

**PLEASE NOTE**  
*Students and parents are responsible for arranging transportation to and from practices and meets. Any parent driving other children than their own for AWAY SD83 extra curricular business must have an RCMP Criminal Record Check and current, proper SD83 documentation on file at the office.*

**PLEASE RETURN THIS FORM BY: Tuesday April 26, 2022**