



STUDENT FIELD EXPERIENCE AND SPECIAL ACTIVITIES PARENTAL CONSENT FORM

Name of School: Promontory Heights Elementary School Activity Date: 2023-2024 School Year

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. Students who do not participate in field trips will be provided with supervised study.

Purpose: Daily Physical Activities – Miscellaneous off campus daily physical activities to
give students the opportunity to participate in various activities as part of a group.
(Note: All school rules are in effect during this activity)

Departure Time: Departure – Times May Vary Return Time: Return – Times May Vary

Destination(s): Various Neighbourhood Daily Physical Activity Walks/Activities

Travel Arrangements: N/A Cost to student: N/A


Students will need to bring: Various items according to activity (ex: Walks = Proper Footwear/Jacket)

Sponsor Teacher(s): School Staff

Supervision Provided by: School Staff

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's Signature


Sponsor Teacher(s) Signature(s)

I give _____ (full name of student) permission to participate in the various Daily Physical Activities for the 2023-2024 school year. 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: ON FILE

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 #