



**St. Paul**  
14410 96 Ave NW  
Edmonton AB, Canada T5N 0C7  
780-452-1510

### Repetitive Events Field Trip Parent Permission Letter

**Field Trip Name** Visit to a Church

**Field Trip Activity** VISIT TO A CHURCH- St. John the Evangelist- 9830 148 St, NW, Edmonton AB, T5N 3E8

**School Travelling With** \_\_\_\_\_

After you have carefully read this letter, we ask that you sign and return **only the "Parental Consent"** portion to the school (the last page in this document). Please keep the remainder for your information and records.

#### Field Trip Details

Elementary students will attend morning mass at St. John the Evangelist Parish to mark important events in the liturgical calendar throughout the school year. Mass begins at 9:00 AM. Students will leave the school approx. 15 minutes prior to the start of mass. All students are expected to attend. No alternative activities are available. St. Paul will be attending mass on the following dates: September 10, 2019; December 19, 2019; February 26, 2020 and June 25, 2020.

**Cost** Not Applicable

#### Program of Studies Specific Outcomes

This activity compliments and extends our Religious Education Program of Study.

**Grades Attending** Kinder A, 1A, 1B, 2A, 3A, 4A, 4/5, 5A, 6A

#### Course(s) Student(s) Registered In

All Homerooms

<b>Number of Attending Students</b>	<u>214</u>
<b>Number of Attending Administrators</b>	<u>2</u>
<b>Number of Attending Teachers</b>	<u>10</u>
<b>Number of Non-Teaching School Staff</b>	<u>4</u>
<b>Number of Attending Volunteers</b>	<u>0</u>
<b>Lead Teacher and Contact</b>	<u>Mrs. K. Carr-Jeschke</u>

#### Attending Administrators, Teachers, Supervisors and Volunteers

Gina Almquist (T), Beverly Andrews (T), Mario Cabral (T), Deborah Denesik (T), Meaghan Doram (T), Jennifer Hudon (T), Dalyace McNamee (T), Anne Nicholson (T), Andrew Patan (T), Pablo Rojas (T), Christine Zahary (T), Kelly Webber (T), Barb Wiczorek (T)

#### Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

**Method of Transportation** Walking

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**Safety Precautions** Teachers will walk with their homeroom to and from St. John the Evangelist Parish. Teachers will have cell phones and parent contact information. First Aid kit will be available.

**Clothing Required** Please dress prepared to walk to church- appropriate footwear, jackets, umbrellas, boots in winter, etc.

**Risks - Inherent, special or unusual risks associated with the field trip**

## **A. COMMON RISKS**

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Possible injuries from improper use of equipment resulting in bruises, scrapes, cuts.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries resulting from the use of apparatus and equipment.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

All manner of injuries and/or death which may result in the transportation and transitions to and from each destination and facility.

### **VISIT TO A CHURCH**

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder, storms, lightning, sunny/hot conditions.

Motor traffic exposures such as crossing streets and intersections, sidewalk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

Slip, trip, fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

All manner of injuries and/or death which may result in the transportation to and from the facility.

### **WALK/RUN AROUND THE COMMUNITY**

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

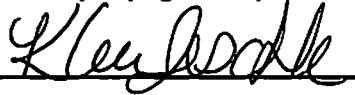
Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

**Signatures**



**Principal (Signature)**



**Lead Teacher and Contact  
(Signature)**

Eira Almqvist

**Print Name**

Sept. 3/19

**Date**

Kerry Carr-Jeschke Sept. 3/19

**Print Name**

**Date**

**St. Paul**

**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due by:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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Method of Transportation Walking

Cost Not Applicable

Additional Information / Explanation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITION**

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), \_\_\_\_\_ (name of student) is to act in accordance of the School Act, District policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: \_\_\_\_\_ Name \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:  Mother  Father  Other Legal Guardian

Emergency Parent Contact and Phone Number \_\_\_\_\_