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Description automatically generated **PERMISSION FORM**

Parents/Guardians, the following grade(s), class, or team is planning a school related field trip. Please read this permission form carefully, and then sign and return to your child’s school.

|  |  |  |  |
| --- | --- | --- | --- |
| School: | | Grade(s), Class, or Team: | |
| Title of Activity: | | Date(s) of Trip: | |
| Location of Activity: | | Time of  Departure: | Time of  Return: |
| Description of Activity: | | | |
| Educational Purpose of Trip: | | | |
| Method of Transportation: School Bus School or Division Vehicle Private Vehicle Walking Other: | | | |
| Costs to students:  Transportation: $ Activity costs: $ Equipment Rental $ Other: $  **Total: $** | | | |
| Supervisor/student ratio:  : | Key Supervisor Qualifications: | | |
| Person(s) identified as the first aider: | Teacher in charge and other BTPS staff involved in a formal supervisory capacity: | | |
| Description of specialized clothing or equipment required: | | | |
| Rules & expectations for student conduct: | | | |
| **Safety Elements & Associated Risks**  Educational activity programs require attention to safety. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of safety concerns related to the trip noted above.  Such concerns result from the nature of the activity and can occur without fault of either the student, or the school board, its Employees/agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. | | | |

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**(Please see the attachment for trip itinerary)**

**OPT OUT**

 I do not give my child permission to participate in this activity.

**ACKNOWLEDGEMENT:**

WE HAVE READ PAGE 1, AND BY SIGNING BELOW, ACKNOWLEDGE THAT WE ALLOW OUR CHILD TO PARTICIPATE IN THE ACTIVITIES, AND IN DOING SO, RECOGNIZE AND ACCEPT THAT THERE MAY BE ASSOCIATED RISKS INVOLVED.

I give my child, , permission to participate in the above-described activity.

*(name of student)*

Signature of Parent/Guardian: Date:

Signature of Student: Date

**Parents/Guardians: Please sign and return this form to your child’s school. Thank you**