EDMONTON
CATHOLIC SCHOOLS

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

Repetitive Events Field Trip Parent Permission Letter

Field Trip Name Lenten Food Bank Project

Field Trip Activity Delivering Food to the St. John the Evangelist Food Bank 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

As part of a Lenten project, the students of St. Paul will be collecting food for the St. John the Evangelist Food Bank. Each week, a grade will walk the food over to the church's food bank and deliver it. Students will visit the church while they are there and meet with Fr. Dean Dowle, the parish priest and Sophie Ogle, the Pastoral Assistant. The dates are as follows:
March 3- Grade 6
March 10- Grades 5 & 2
March 17 - Grades 4 & 1/2
March 24 - Grades 3 & Kinder

Cost Not Applicable

Program of Studies Specific Outcomes

Students will be engaging in a Lenten Project, as outlined in the Religion curriculum. Students will engage in topics of Lent and giving and reflecting on the importance of helping others.

Grades Attending Kinder, Gr.1/2 Gr. 2, Gr.3, Gr.4, Gr.5, Gr. 6

Course(s) Student(s) Registered In

All Homerooms

Number of Attending Students 194

Number of Attending Administrators 1

Number of Attending Teachers 15

Number of Non-Teaching School Staff 3

Number of Attending Volunteers 0

Lead Teacher and Contact Mrs. G. Almquist (A)

Attending Administrators, Teachers, Supervisors and Volunteers

Beverly Andrews (T), Amy Binet (T), Mario Cabral (T), Kerry Carr-Jeschke (T), Jennifer Hudon (T), Dalyace McNamee (T), Anne Nicholson (T), Andrew Patan (T), Pablo Rojas (T), Kelly Webber (T), Barbara Wieczorek (T), Christine Zahary (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

Safety Precautions	Teachers and support staff will walk with students to and from the church. Teachers will carry cell phones and permission forms. The principal will be notified of any incident.
Equipment Required	First aid kit, food bank donation items
Clothing Required	As we will be walking, students are required to dress for the weather: jacket, boots, hats, mittens.
Other Information	In the event of extreme inclement weather, the trip will be postponed.

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 trafffic, 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.
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.

Date Submitted for Approval Feb 23, 2021

Signatures

Principal (Signature)	**Print Name**	**Date**
Lead Teacher and Contact (Signature)	**Print Name**	**Date**

St. Paul

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by: Mar 1,2021

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 Education Act, Division 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 _____