**Dear Parents / Guardians**

The purpose of this letter is to inform you about a proposed field trip involving your child and to seek your support and written permission for your child to participate.

Please note that participation in this activity is optional. Any cost of the trip reflects your child’s expenses only. No student will be denied access to a field trip or activity due to an inability to pay. If the fee presents a hardship to you, please contact the school principal or vice principal. All such requests will be kept confidential.

While school staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of activities and injury may occur without fault on the part of the student, the school board, its employees and volunteers, or the facility where the activity is taking place. By allowing your child to participate in this activity, you are agreeing that the activity described above is suitable for your child and acknowledging that you understand there is a risk of injury associated with it.

 Baker Drive Teaching Staff Stacey Parmar

 Teacher(s) Principal

**Date of Field Trip:** Tuesday, February 25th

**Departure Time:** 12:30 **Anticipated Return Time:** 2:30

**Location of the Field Trip:** Planet Ice Coquitlam

**Nature of the Field Trip:** Ice Skating

**Students will need to bring:** warm clothing (gloves, hat, etc), ice skates (if owned), and a helmet (mandatory)

**Teacher(s) / Administrator(s) in Charge:** Ms. David, Mrs. Capel, Ms. Wallace, Mrs. Livingstone, Mrs. Lederer, Mr. Christensen, Mrs. Cooper, Ms. Jones, Mr. King

**Your son/daughter will be traveling by:** Private Vehicle – parent volunteers are needed

**Cost of Optional Field Trip:** Admission fee $1.00, Skate rental $3.00

**The cost includes** (itemized list regarding transportation, entrance fees, etc.): Students may bring their own skates and must bring their own helmets. Helmets can be either bicycle, ski, or hockey type helmets, but are mandatory to wear.

**Any Known Risks and Safety Information:** none

YES - We require PARENT DRIVERS for this trip. Please indicate on the return form how many children you can carry in your vehicle. Note: according to School District Administrative Procedure 253, it is recommended that children under 12 years of age not be permitted to ride in an airbag protected seat.Booster seat requirement: any student under 9 years of age or under 4'9" is required to use a booster seat.

YES - We require PARENT VOLUNTEERS for this trip. Please indicate on the return form if you can volunteer.

 **Field Trip Name: Ice Skating – Planet Ice Coquitlam**

Please include any information or special concerns such as allergies, medical conditions, etc., that school staff should be aware of surrounding your child’s participation:

My child and I understand that both the School District and School’s Code of Conduct apply during the field trip. I will be responsible for any costs caused by my child’s failure to abide by the Codes of Conduct, including any costs to send my child home.

(Please print)

I, , give permission for my child, to participate in the field trip described above. I understand that my child may be exposed to a risk of injury due to accident while participating in this activity.

 My child will require a skate rental. An additional $3.00 is enclosed

 My child will bring a helmet for this field trip (\*Mandatory\*)

 I have included $ payment for this field trip.

 My daytime contact number is: .

**IF THIS TRIP REQUIRES parent drivers and/or volunteers, please complete the section below:**

 I can volunteer for this field trip.

 I can drive for this field trip. I am able to take children in seats without airbags.

 I have completed a Volunteer Driver Certification for Insurance form.

 I have provided the school with a copy of my Criminal Record Check.

 I have provided the school with a copy of my Driver Abstract.

 I have provided my child with a booster seat. (**Booster seat requirement**: any student under 9 years of age **or** under 4’9”)

Date: Parent/Guardian Signature: Contact Phone:

**Please complete the attached consent form and return to the sponsor teacher listed above by: Tuesday, February 18th.**