

Consent Notice to Parents – Low Risk Field Trip



Date: _____

- Students from (name of school) in grades _____ will be going to (location) to participate in (name of low risk activity) and will be away from the school from (date/time) to (date/time).
- The purpose of this field trip is _____
- This is an optional field trip – if you do not wish your child to attend, alternate arrangements will be made.
- Students will be traveling by (transportation method).
- Students will be supervised by (state supervisory arrangements). (A typical response might be “2 school employees and hopefully 2-4 parent volunteers”. It is important to indicate supervisory arrangements that will not be modified or reduced.)
- There are some risks associated with travelling to (name of location) and/or participating in this kind of activity (name of activity).
- If your child has any illnesses, allergies or disabilities that may require special attention please indicate on the permission slip below.
- Please make sure that your child brings with them (details of all necessary clothing, equipment etc.)
- The cost for this activity is \$_____
- Criminal record checks and volunteer driver forms must be completed for parents attending as volunteers.

PERMISSION

I agree that this activity is suitable for my child and give (name of student) permission to participate in the (description of activity) at (location) on (dates).

_____ has no illnesses, allergies or disabilities that require special attention – YES/NO (please circle).
If YES, please indicate: _____

Parent Signature: _____ Date: _____