



NOTRE DAME ACADEMY

Gr 8 Field Trip Consent and Information Form

In our classrooms this year we would like to enrich our student's learning experience by going on an excursion(s) that will take us off of the school property. In order to do this we need your permission allowing your child to participate. Below is a list of trips that we plan to take and some important information. Additional information may be communicated by the teacher before the field trip occurs.

******* ALL STUDENTS REGISTERING FOR NOTRE DAME ACADEMY MUST COMPLETE AND RETURN THIS FORM. *******
Please complete the back and place your signature at the bottom.

Student Name: _____

Grade: _____

Activity	Field Trip Location	Date and schedule	Educational Connection	Potential Risk of Injury	Additional items needed	Travel Arrangements	Additional Costs to parents
Consent for General School Activities – Grades 6 - 9							
Mass Celebrations/Faith Formation Activities	Holy Family Parish St. Patrick's Church	Ongoing throughout the year	Catholic Faith Formation and Education Mass, Celebrations, and Faith Formation Activities	Trip, fall, sprains, traffic/pedestrian accidents	Dress Appropriately for walking and weather	Walking or bus transportation	None
Bowling	Panorama Lanes	Dates TBA	Physical Education	Sprained/broken toe, foot, ankle, knee, wrist, finger or shoulder. Concussion, slip on lane	None	Bus Transportation	None
Swimming	Echodale or City of Medicine Hat Facility	Dates - TBA	Physical Education	Slip on wet surfaces, drowning, traffic/pedestrian accident	Towel, swim wear Parents may decide to provide life jackets	Bus Transportation	None unless teacher organizes additional swim times outside of Kinsmen Schedule
Tobogganing	Southridge Hill	Dates – TBA	Physical Education	Slip on sidewalks, ice, hill terrain may cause sprained/broken ankle, knee, wrist, fingers or shoulder. Possible concussion.	Helmets and proper winter attire.	Walk or Bus Transportation	None
Skating	City of Medicine Hat Facility	Dates – TBA	Physical Education	Slip on ice or uneven ground which may cause a sprained/broken ankle, knee, wrist, fingers or shoulders, scrapes, cuts, and/or concussion.	Skates (if hockey or ringette is incorporated, regular equipment is mandatory)	Bus Transportation or walking	None
Fine Arts Performances	Monsignor McCoy Esplanade, MH College Local Theatre Facilities	Dates - TBA	Drama and Music areas of the Fine Arts curriculum	Trip, fall, sprains, traffic/pedestrian accidents	None	Walking or bus transportation	None
NDA Track and Field	Crescent Heights High School	Dates – TBA	Physical Education	Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents	PE Clothing	Bus Transportation	None
NDA Blue/Gold Day	MH Cypress Centre, FLC	Dates – TBA	Opening Activity	Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents, risks associated with swimming & skating	None	Bus Transportation	None
DPA Walk/City Walks	Excursions within close proximity of school property or other planned activities within city boundaries	Ongoing throughout the school year	Daily Physical Activity requirements	Falls/accidents associated with playground equipment, trip, fall, traffic/pedestrian accident	None	Walking	None
NDA Option Program	Excursions within close proximity of school property	Ongoing throughout the school year	Option Program	Trip, fall, sprains, broken bones, burns, cuts, slipping, traffic/ pedestrian accidents	None	Walking	None

Activity	Field Trip Location	Date and schedule	Educational Connection	Potential Risk of Injury	Additional items needed	Travel Arrangements	Additional Costs to parents
Grade 8 Activities							
Industrial Arts, CTS, Electrical Program	Medicine Hat College, Dunmore Dugout, Panorama, YMCA, FLC	Ongoing	Option – Gr 8	Traffic/pedestrian accident, cuts, scrapes, loss of finger, eye injury, shock, burns, sprains, broken bones, concussions, insect/snake bites, lightning strike, dehydration, sun burn, heat stroke, slip on wet surface, drowning	Appropriate dress	Bus transportation	None
Grocery Store Tour	Medicine Hat Mall Safeway	1 time per option rotation	Food security	Adduction, trip or fall, traffic/ pedestrian accidents	None	Bus transportation	None
Dinner and Movie	Medicine Hat Mall and Cineplex	Year End	Reward	Traffic/pedestrian accident, trip, fall, food poisoning, choking, lost in mall, abduction	None	Bus transportation	Minimal cost to cover expenses
Cosmetology – Fresh	Fresh – Medicine Hat (13 th Ave)	3 trips	Option – Gr 8	Choking, food poisoning, trip, fall, traffic/pedestrian accident	None	Walking	Minimal cost to cover lunch
Cosmetology – Yoga	Yoga/Reg's Meats Southridge Area	Ongoing Semester	Option – 8 Physical Education, healthy Eating	Trip, falls, traffic/pedestrian accidents, muscle strain, choking	None – P.E. clothing	Walking	Money for lunch and to cover the cost for activity
Snow shoveling	Southridge area (community)	November to February	Service project	Trip, fall, sprains, broken bones, frost bite, pedestrian accident, slipping	Winter dress (gloves, head gear)	Walking	None

The School will make every reasonable effort to ensure or ascertain that:

1. The staff, volunteers and/or service provided involved are suitably trained and qualified.
2. The students are adequately supervised over all aspects of the program activity.
3. The location(s) used are appropriate and safe for the activity(ies) and group.
4. Equipment used has been inspected and deemed appropriate and safe.
5. A Safety Plan is in place to identify and manage known potential risks.

CONSENT AND ACKNOWLEDGEMENT OF RISK

Destination/Activity/Program Date(s):

1. I accept the mode of transportation for this activity.
2. I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and hazards, including information beyond that provided to me by the school or board.
3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
4. My child has been informed they abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
5. In the event my child fails to abide by these rules and regulations, disciplinary action may require my child's exclusion from further participation, or that I be contacted to have my child picked up, unless I have specified other transport arrangements.
6. I acknowledge that it is my responsibility to advise the Lead Teacher of any medical and/or health concerns of my child that may affect their participation in the stated program or activity.
7. I acknowledge that the trip supervisors may secure transport to emergency medical services

Child(s) name (please print) _____ Date: _____

Medical Concerns that need to be reminded or shared

I have read and consent to my child(s) participating in the field trips outlined for this school year. I am aware of any additional risks associated with each activity.

Parent's name (please print) : _____ Parent Signature: _____