



## FIELD STUDIES PARENT PERMISSION

**DETAILS OF THE STUDY:**

School: MBSS School Phone No. 250- 870-5101  
 Teacher Contact: Mr. Trent Pontalti Destination: See reverse of page  
 Purpose of Study: Introduction to the sport of hiking, enhance personal efficacy, foster an appreciation for the natural world, strengthen peer relations.

Description of Activities/Itinerary: Students will hike various trails/routes within the Interior Plateau and Monashee Mountain regions. Students will be encouraged to participate fully within a challenge by choice atmosphere. Student will be driven to and from event in a private vehicle by teacher or authorized adult.

Inherent Risks of Participating:  
See list on Reverse

Group of Students: Outdoor Ed gr. 10-12, Admin assigned students  
 No. of Students Max. 12 No. of Teachers/Supervisors 1  
 Departure Date (M/D/Y) see reverse Departure Time see reverse  
 Return Date (M/D/Y) see reverse Return Pickup Time see reverse  
 Arrival Time Back at School see reverse

**TRANSPORTATION:**

School District Bus  Wheelchair Access  City Transit  Private Vehicle   
 Rented Vehicle  Commercial Carrier  Foot/Bicycle

**Driven by:**

District Driver  Authorized Adult  Teacher  Commercial Driver   
 Authorized Student Driver (no passengers allowed)

**PARENT/GUARDIAN CONSENT:**

I have read the description of activities, understand that there are inherent risks attached to this activity and accept these risks. I also understand that all of the requirements of the school Code of Conduct apply while students are on field studies, and I will repay the school for costs if it is necessary to send this student home by means other than as stated above.

Consent is given for \_\_\_\_\_ (name of student) to participate and travel as described.

Name \_\_\_\_\_

Student's BC Medical # \_\_\_\_\_

Medical concerns, allergies, medication requirements \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attachments:     Yes     No

## Hiking Day Trip

### Destination:

- |                                           |                                          |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Mount Boucherie  | <input type="checkbox"/> Carrot Mountain |
| <input type="checkbox"/> Rose Valley Lake | <input type="checkbox"/> Monashee Lake   |
| <input type="checkbox"/> KLO Creek        | <input type="checkbox"/> The Pinnacles   |
| <input type="checkbox"/> McDougall Rim    | <input type="checkbox"/> Spectrum Lake   |

Other: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Departure time from MBSS: \_\_\_\_\_

Pick up student at MBSS: \_\_\_\_\_

### **Inherent Risks Involved with Hiking Day Trips:**

1. Risks associated with traveling by vehicle to and from activity.
2. Risks associated with outdoor weather. Things such as being cold, wet, and possibly hypothermic can always occur regardless of the level of planning that has been involved.
3. Risks associated with a vigorous physical activity. There will be undoubtedly be some level of discomfort with participating in a new activity. There is always the possibility of blisters, muscle pulls, cuts, and scratches.
4. Risks associated with wilderness hiking such as conflicts with animals, insect bites, and disruptive weather.
5. Risks involved with getting lost in the wilderness.
6. Risks involved with poor decision making by individuals such as leaving the group.
7. Risks associated with remoteness of area. We may not be able to access emergency medical services for several hours depending on phone service in the area.
8. Risks associated with changes in weather. It must be understood that if the weather breaks down, we may need to alter trip plans. This may mean delaying the return time and being late for pick up.
9. Risks associated with hiking on slippery and rough terrain. Slipping, falling, and tripping resulting in bodily injury.
10. Risks associated with hiking on exposed trails, and within mountainous areas. Falling, resulting in serious injuries, rock fall.
11. Risks associated with being in proximity to other people. (exposure to communicable bacteria and viruses such as COVID 19)

\*As legal guardian of (print student's name) \_\_\_\_\_ I am aware of the above listed risks involved in this activity and approve of their participation.

(parent initials) \_\_\_\_\_

Parents please include any special requirements in order to participate)

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Student Medical Questionnaire form completed and attached