



FIELD STUDIES PARENT PERMISSION

DETAILS OF THE STUDY:

School MBSS School Phone No. 250 870 5101
 Teacher Contact Mr. Pontalti Destination Beyond the Crux climbing gym
 Purpose of Study Provide students with an introduction to indoor climbing, build climbing skill

Description of Activities/Itinerary: Students will be climbing and belaying utilizing the indoor climbing walls

Inherent Risks of Participating:

Risks associated with climbing (fractures, strains, sprains) Risks associated with travelling in a motor vehicle: Injuries from a motor vehicle crash

*Students will travel by school bus, or on city transit, or by teacher driver depending on numbers

Group of Students Outdoor Ed. Class Grades 10-12
 No. of Students Max 20 per session No. of Teachers/Supervisors 1
 Departure Date (M/D/Y) Feb /7,14,21,28/2024 Departure Time 3:45 PM
 Return Date (M/D/Y) Feb /7,14,21,28/2024 Return Pickup Time 6:30PM
 Arrival Time Back at School 7:00PM

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
 (including any special requirements in order to participate)