



FIELD STUDIES PARENT PERMISSION

DETAILS OF THE STUDY:

School: MBSS School Phone No. 250- 870-5101
 Teacher Contact: Mr. Trent Pontalti Destination: Okanagan Lakes See reverse of page for details
 Purpose of Study: Introduction to the sport of sea kayaking, enhance personal efficacy, foster an appreciation for the natural world, strengthen peer relational connections
 Description of Activities/Itinerary: Students will be kayaking on Okanagan Lake. Students will be encouraged to participate fully within a challenge by choice atmosphere.

Inherent Risks of Participating:

Injuries (strains, sprains, lacerations, bruises, fractures of bones, crushing of bones, concussions), drowning, being struck by a power boat, cold water injury- hypothermia, insect bites, exposure to communicable diseases, getting lost or separated from group, injuries resulting from a motor vehicle accident. Students will be transported in a private vehicle with teacher driving.

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

Kayaking Day Trip

Destination:

- Bear Creek Park
- Pritchard Park
- Other: _____

Date of Trip: _____

Departure time from MBSS: _____

Pick up student at MBSS: _____

(Parents please include any special requirements in order to participate)

Student Medical Questionnaire form completed and attached