



FIELD STUDIES PARENT PERMISSION

DETAILS OF THE STUDY:

School: MBSS School Phone No. 250-870-5101
 Teacher Contact: Mr. Trent Pontalti Destination: Telemark Ski Trails
 Purpose of Study: Community Service, develop outdoor related skills, enhance personal efficacy, foster an appreciation for the natural world, strengthen peer relational connections
 Description of Activities/Itinerary: Students will work as a team to prune back brush that is overgrown onto ski trails.

Inherent Risks of Participating:

Injuries (strains, sprains, lacerations, bruises, fractures of bones, crushing of bones, concussions), being struck by an automobile, hypothermia, insect bites, exposure to communicable diseases, getting lost or separated from group, injuries resulting from a motor vehicle accident. Risk of injury while using an axe or pruning tools.

Group of Students: Outdoor Ed gr. 10-12,
 No. of Students Max. 30 No. of Teachers/Supervisors 1
 Departure Date (M/D/Y) 10/12/2023 Departure Time 12 noon
 Return Date (M/D/Y) 10/12/2023 Return Pickup Time 6:00 PM at Telemark ski trails
 Arrival Time Back at School 6:30PM

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

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

Student Medical Questionnaire form completed and attached