



## Harold Hatcher School

### A Grade 4 Field Trip to Oak Hammock Interpretive Centre

#### Field Trip Details

<b>Location</b>	Oak Hammock Interpretive Centre
<b>Date</b>	Friday October 11, 2019
<b>Time</b>	The bus will be leaving the school around 9:15 a.m. and will return by 2:30 p.m.
<b>Transportation</b>	School bus
<b>Cost</b>	\$10.00 per student to cover admission to Oak Hammock Marsh and partial bus costs.

#### What to bring

- Bag lunch labeled with your child's name and his/her teacher's name.
- Please have your child dress for the weather (jacket or shorts and a t-shirt, rubber boots etc.)
- Note:** Please do not send any money with your child on the day of the field trip.  
**WE WILL BE GOING ON THE FIELD TRIP NO MATTER THE WEATHER CONDITIONS. Rain or shine or snow!**

Please sign and return (the bottom portion of this letter), along with \$10.00 by October 3, 2019



Activity Title: Oak Hammock Interpretive Centre

Date of activity: October 11, 2019

Name of Student (please print): \_\_\_\_\_

I / We, the undersigned, hereby acknowledge that certain risks of injury are inherent in the participation in sports, recreational activities and other off-school site programs. These types of injuries may be minor or serious.

I / We understand that, in case of emergency medical or hospital services being required by the above-listed participant, and with the understanding that every reasonable effort will be made by the school/hospital to contact me, my signature on this form authorizes the board, through its employees, agents, and officers, [to] secure such medical advice and services as they deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I / We understand that the Rules and Regulations pertaining to this activity are designed for the safety and protection of participants

I / We 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.

I / We acknowledge that it is my responsibility to advise the school of any medical and/or health concerns of my child that may affect his/her participation in the stated program or activity.

I / We understand that the choice to participate brings with the individual the ASSUMPTION OF RISK which is part of those activities.

I / We understand and agree that this is a part of the school program. I/We also understand that as a result of participating in this program that the participant is expected to follow the school procedures and code of conduct and that any deviations from these may result in consequences from the school administration.

I / We declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate being aware of all the foregoing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

In order for your child to participate in this event, this signed consent form must be received at the school before the event.