



**Consent Form – All Field Trips**  
Teacher Lead, Parent/Guardian

FT 005

**Teacher Leader Section**

This is to advise that Cochrane Christian Academy School intends to involve your son/daughter in an off-campus activity. The particulars of the field trip are as follows:

Purpose:	Explore and learn about plants and minerals
Destination:	Calgary Corn Maze
Arranged Supervision:	Teacher and Adult Volunteers
Date:	October 01, 2015
Transportation Plans:	Bus
Risks or Dangers:	Bus safety and group safety / walking / other activities
Costs (if any):	\$20

For additional information, please phone the school at ( 403 ) 9325177.

If you permit your son/daughter to participate in this activity, please sign and tear-off the portion below and return it to the school.

**Parent/Guardian Section**

Please note that your child will NOT be allowed to participate in this field trip unless this form is signed and returned to the school prior to the field trip taking place.

**FIELD TRIP CONSENT FORM**

Having understood and signed the Annual Field Trip Authorization – Emergency Medical Information Form FT 001 and having read and understood the particulars of this Consent Form – All Field Trips FT 005, I consent to and give permission for my child to participate.

Child's Name: \_\_\_\_\_ Grade: 1/2  
Destination: Calgary Corn Maze Date of Field Trip: Oct. 01, 2015  
Method of Payment (if applicable): \_\_\_\_\_  
If payment online, confirmation number is: \_\_\_\_\_

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

Date \_\_\_\_\_

**VOLUNTEER SECTION**

Would you like to volunteer for this field trip? ☐ Yes ☐ No

Your name: \_\_\_\_\_ Phone number: \_\_\_\_\_