



Consent Form – All Field Trips

Teacher Lead, Parent/Guardian

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:	To learn about dental care and community helpers; science activities on the walk
Destination:	Bow View Dental Care
Arranged Supervision:	Mrs. Beauparlant and parent volunteers
Date:	April 29, 2016
Transportation Plans:	Walking (5km round trip with science breaks)
Risks or Dangers:	Walking safety
Costs (if any):	\$0

For additional information, please phone the school at (403) 932-5177.

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: Bow View Dental Care Date of Field Trip: April 29/16
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: _____