

The Board of Education of School District No. 83 (N. Okanagan-Shuswap)

FIELD TRIP CONSENT FORM

School:	_____	Telephone No.	_____
Purpose of Trip:	_____		
Destination:	_____		
Destination Address	_____		
Destination Phone No.:	_____		
Departure Date:	_____		
Departure Time:	_____		
Expected Time of Return:	_____		

☐ **School Bus**
☐ **Private Vehicle**
☐ **Other: (specify)**

On this field trip, we will be: (describe the activity and physical environment)

This class will be supervised by: _____

Please be aware that accidents can be the result of the nature of the activity and can occur with or without any fault on either part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your son/daughter to participate in this activity, including travel to and from, you are accepting the risk of an accident occurring, and agree that this activity, as described on the "Field Trip Consent Form" and any other information provided, is suitable for your child. Please call if you have any questions.

(Principal Signature) (Sponsor teacher- please print)

Name of Student: _____

- Yes** I have read the above information about the planned field trip and give my consent for my child to participate. I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur.
- Yes** Where I have authorized my child to travel by Private Vehicle, I am aware that the driver is responsible for meeting all motor vehicle code requirements, including booster seats where applicable. I agree that the Board of Education shall not be held liable for failure of the driver to meet the requirements of the Motor Vehicle Code.
- No** I do not wish my child to accompany his/her class on this trip. Please arrange alternate supervision.

Signature of Parent/Guardian: _____

Print Parent/Guardian Name: _____

Home Phone No. _____ Work Phone No. _____

- Yes** I am available to drive for this Field Trip.
- Yes** I have completed the **School Use of Private Vehicle** form for the current school year and it is on file at the school office.
- OR**
- Yes** I have completed the **School Use of Private Vehicle** form on the back of this page.

MEDICAL HISTORY

None

*Or _____
(please describe)

** Attach plan*

The Board of Education of School District #83 (N. Okanagan-Shuswap)

SCHOOL USE OF PRIVATE VEHICLE

(Original to be filed in the school office)

Driver's Name (please print clearly)

Driver's License Number

Driver's Phone Number

Resident Address of Registered Owner

Vehicle License Number

Model/Year of Vehicle

of Shoulder Seat Belts

The District requires that a minimum of \$1,000,000 (\$2,000,000 recommended) liability insurance be carried on any vehicle used to transport students to or from a school function. Please note that the driver of a vehicle transporting school students bears responsibility through his/her insurance carrier (ICBC) for liability of driving infractions as defined by the Motor Vehicle Act.

- | | | | | | |
|---|--|--------------------------|-----|--------------------------|----|
| ➤ | I am aware that effective July 01, 2008 that the law requires the use of a CSA approved booster seat for all children under age nine (9) and less than 4' 9" in height (145 cm) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| ➤ | The above vehicle has a minimum of \$1,000,000 (\$2,000,000 recommended) liability insurance | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| ➤ | I have a valid driver's license, and will operate in accordance with the BC Motor Vehicle Act and ensure that there is one seatbelt worn by each student | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| ➤ | The vehicle(s) are in good mechanical shape and road worthiness, appropriate for all driving conditions | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| ➤ | The vehicle is equipped with front passenger-side air bag (If yes, no student under the age of 13 shall be placed in a front seat equipped with an air bag) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

Driver's Signature

Date