

FIELD TRIP PARENT PERMISSION

DETAILS OF THE TRIP:

School RUTLANI								: 250-870-5110		
Teacher Contact	6,16			Destination				CANYON		
Purpose of Trip	TI EAM	RULDING.	-, Mus	ادرس	ORKSHOPS	AN	D-Y	ERFORMA	JCE !	-
Description of Activ	LOUPS 6	WITH PE	ofess 10	MAC	MUSICIA	<u> </u>	010	OFF TIME	<u>် တပ</u> ်	<u> </u>
Inherent Risks of P							AVE	inde on	A B	<u>ుక</u>
Group of Students_ No. of Students_ Departure Date (M/D/) Return Date (M/D/) Arrival Time Back a	3 (D/Y) M4 () M4	C 4ND C D Y 15th Y 18th 3:15 PV	D	eparture	No. of Teacher Time Return Pickup	1:00	AM			
TRANSPORTATIO School District Bus Rented Vehicle		Wheelchair A		[]	City Transit Foot/Bicycle]	-	Private Vehicle		[]
Driven by: District Driver Authorized Student	[×] Driver (no	Authorized A passengers al		[]	Teacher	[1	Commercial Dri	ver	[]
PARENT/GUARDIA I have read the des risks. I also unders and I will repay the Consent is given fo	cription of a stand that a school for o	activities, unde Il of the require costs if it is ned	ements of the cessary to s	ne schoo send this	i Code of Cond student home	duct ap	ply w	hile students ar	e on fie	eld trips
-	•	, ,	•							
Name									·	
Student's BC Medio	;al #		 							—
Medical concerns, a		edication requ						· ··········	_	
Signature										
Attachments: [to participat	te)						