

PARENT TO DO LIST

NOVEMBER 1

Please check off each item and return to Mrs. Aitchison with this page enclosed no later than OCT 15, 2014 to secure your child's spot on the Band 8 trip to Whistler.

- complete and attach Parent To-Do List
- complete and sign Consent form 3040-B
- complete Student Profile and Medical Information Sheet
- enclose deposit cheque for Whistler payment (due Nov 1: \$250)

\*\*\*Please make cheques payable to SD63, and put your child's name in the memo line\*\*\*

\*\*\*Please note, this is non-refundable. We cannot adjust our numbers, as there are several aspects of our trip that are a fixed-rate and equally shared by all paying students.\*\*\*

STUDENT NAME: \_\_\_\_\_  
 PARENT NAME: \_\_\_\_\_  
 EMAIL CONTACT: \_\_\_\_\_  
 PHONE CONTACT: \_\_\_\_\_

Yes, I am interested in assisting/organizing fund-raising. Please list any fund-raising ideas you may have.

\_\_\_\_\_  
\_\_\_\_\_

Yes, I am interested in attending the trip as a parent chaperone. CRC will need to be completed. I would prefer to help in the following chaperone positions:

- First Aid (must have current first aid certification)
- Food (buying food- Costco, packing it into coolers, preparing food/snacks, discussing allergies with restaurants upon arrival)
- Equipment Management (loading/unloading equipment, will have student assistance)
- Group photography (your camera or one from the school, take photos and create a slideshow)



# 3040-B Field Trip Consent Form

Teacher: Amber Aitchison

Date Submitted: Oct 17/2016

Trip Departure Date and Time: Apr 27

Trip Return Date and Time: Apr 30

School: Bayside

Destination: Whistler - Crystal Lodge

Description of Activity including curricular relevance (if applicable): Con Brio Festival

Group or class of students: grade 8 Band      Grade(s): 8

Transportation Arrangements: \*parents drop off/pickup @ Swartz Bay  
\*tour/coach bus to Swassen to/from Whistler  
Cost per student: approx \$575-600

Number of participating students: 56

## PARENT/GUARDIAN AUTHORISATION - PLEASE COMPLETE

Please complete and return this form to your school as soon as possible along with payment (if applicable) in cash or cheque payable to School District 63.

\* STUDENT NAME: \_\_\_\_\_  
Please print clearly

- \*  YES, I have been provided with sufficient information about the above planned field trip and give consent for my child to attend.
- My child DOES require a booster seat.

\* Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tick this box if you do NOT give your consent:

\* Please list any medical concerns: \_\_\_\_\_

\* OPTIONAL: Medical Service Plan # \_\_\_\_\_

Please note that School District 63 does not provide medical, dental or accidental insurance for students.

It is recommended that students carry personal identification for all field trips. This is a mandatory requirement for trips outside of the province.

STUDENT PROFILE AND MEDICAL INFORMATION

STUDENT FULL NAME:

\_\_\_\_\_

PARENT/GUARDIAN NAME:

\_\_\_\_\_

BC MEDICAL CARE CARD #: \_\_\_\_\_

FAMILY DOCTOR NAME: \_\_\_\_\_

FAMILY DOCTOR PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN CONTACT PHONE NUMBERS:

HOME: (MOM) \_\_\_\_\_

(DAD) \_\_\_\_\_

WORK: (MOM) \_\_\_\_\_

(DAD) \_\_\_\_\_

CELL: (MOM) \_\_\_\_\_

(DAD) \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLEASE LIST ANY ALLERGIES THE STUDENT HAD, DESCRIBE THE SEVERITY OF SYMPTOMS AND TREATMENT:

PLEASE LIST ANY MEDICATION THE STUDENT TAKES (THIS WILL NEED TO BE LABELED CLEARLY IN A ZIPLOC BAG FOR OUR MEDICAL CHAPERONE PRIOR TO DEPARTURE. PLEASE NOTE SEPARATING IT INTO DOSAGES WITH DATE/TIME MAKES IT A LOT CLEARER FOR THE CHAPERONE AS HE/SHE IS RESPONSIBLE FOR MANY STUDENTS):

DOES YOUR CHILD EXPERIENCE MOTION SICKNESS: YES/NO

DO YOU GIVE CHAPERONES PERMISSION TO ADMINISTER GRAVOL (PLEASE PROVIDE): YES/NO

DOES YOUR CHILD EXPERIENCE HEADACHES: YES/NO

DO YOU GIVE CHAPERONES PERMISSION TO ADMINISTER TYLENOL (PLEASE PROVIDE): YES/NO

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_