



Headway School

10435-76 Street, Edmonton, Alberta, T6A 6B1

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Field trip Permission Slip

Dear Parents and Guardians,

Headway School Grade(s) _____ will be going to _____, for a field trip on _____.

We will leave the school at _____ and will be back by _____.

Students will be learning about _____ through _____.

These activities directly relate to their curriculum and will greatly enhance their learning experience.

This is a fun trip only.

The fees for the trip are \$ _____ including the equipment rental.

Send a packed lunch with your child/ or

Send money with them to buy it from the cafeteria.

Also, please advise us about any health or allergy concerns of your child in the form below.

The last date for receiving form and money is _____.

Please include the **cash** payment for the field trip with this permission slip. Thank You!

Teacher's Name: _____ Name

Signature: _____



Cut off bottom portion of permission slip and return to your child's teacher by [_____] .

Emergency Information *In case of emergency, please contact:*

Name/Relationship

Phone

Allergies or Health Concerns _____

I _____, give permission to my child/ward _____ to attend the trip to _____ on _____.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with the field trip including transportation by motor vehicle. I agree to indemnify Headway School and its staff for any costs or expenses arising out of my child's injuries due to participation in the activities, including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Parent/ Guardian's Signature _____

Date: _____