**Teacher Leader Section**

|  |  |  |
| --- | --- | --- |
| Your son/daughter will be involved in an off-campus activity. The particulars of the field trip are: | | |
| School: Cochrane High School | Purpose: Alberta Provincial One Act Festival | |
| Destination: RED DEER COLLEGE 100 College Blvd. Red Deer, AB T4N 5H5 | | |
| Arranged Supervision: Dustin Whetton & Tracy Lyons | | |
| Transportation Plans: School Arranged Transportation | | Date: May 9.10,11,12 |
| Risks and Dangers: n/a | | |
| Costs (if any): $300 | | |

\* If a Service Provider Agreement exists, use the risk and dangers outlined in Agreement

<https://rockyview.ab.ca/ecresources/service-providers>

For additional information, please phone the school at (403) 932-2542.

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 APPLICATION**

Having understood and signed the Annual Field Trip Authorization form AF260-A, I consent to and give permission for my child to participate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Name: |  | | | Grade: |  |
| Destination: |  | | | Date of Field Trip: |  |
| Method of Payment *(if applicable)*: | |  | | | |
| *If payment online, confirmation number is:* | |  | Does your child have an identified medical condition on file?  Yes  No | | |
| Parent/Guardian Signature: | | | | | Date: |

**Volunteer Section**

\*All volunteers in Rocky View Schools are required to complete a criminal records/vulnerable sector check. Please ask your principal for further information.

Would you like to volunteer for this field trip?  Yes  No

|  |  |  |
| --- | --- | --- |
| Name: | Home Phone #: | Cell #: |

*Reference:* AP260 Educational Excursions