

Local Field Trip Parent Permission Letter

Field Trip Name Mass at St. Joseph Basilica (Advent and Easter)

Field Trip Activity Mass at St. Joseph Basilica

Location / Destination St. Joseph Basilica 10044-113 street

School Travelling With NA

After you have carefully read this letter, we ask that you sign and return **only the** "Parental Consent" portion to the school (the last page in this document). Please keep the remainder for your information and records.

Field Trip Details

Students will attend St. Joseph Basilica to celebrate Mass on December 15th, 2026 and April 6th, 2027. All students are required to participate as this is an expectation of the Archbishop MacDonald High School community.

Date of Field Trip	Start: <u>Dec 15, 2026</u>	Time of Departure <u>9am</u>
	End: <u>Apr 6, 2027</u>	Time of Departure from Venue <u>11:30am</u>
		Time of Return <u>3:30pm</u>
Cost	<u>Not Applicable</u>	

Program of Studies Specific Outcomes

Religious Studies 15-25-35

Grades Attending 10-11-12

Course(s) Student(s) Registered In

Number of Attending Students 1200

Number of Attending Administrators

Number of Attending Teachers 55

Number of Non-Teaching School Staff 0

Number of Attending Volunteers 0

Lead Teacher & Subject(s) Taught and Contact Chris Ferguson christopher.ferguson@ecsd.net

Attending Administrators, Teachers & Subject(s) Taught, Supervisors and Volunteers

All teaching staff and support staff involved in this event.

Communication Plan

The principal will be advised of any accidents, problems, unusual incidents or weather related concerns that may occur during the field trip. As well parents guardians will be contacted if health issues, injuries, or student conduct are a concern with their children.

Method of Transportation School Bus

Carrier Name	Cunningham and School Transporters
Telephone #	780-458-3255

Clothing Required

Appropriate, respectful clothing for a church service.

Risks - Inherent, special or unusual risks associated with the field trip

A. COMMON RISKS

All manner of injuries resulting from use of equipment, materials or facilities.

All manner of injuries associated with participation in planned activities during the trip.

Possible injuries from improper use of equipment resulting in bruises, scrapes, cuts.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators, escalators, water pools.

All manner of injuries resulting from the use of apparatus and equipment.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with the wall, floor, uneven playing surfaces, contact with other participants.

All manner of injuries resulting in dislocations, concussion, whiplash, contusions, sprains, pulled or strained muscles, knee injuries and broken bones.

All manner of head, neck, spinal, facial, eye, nose and/or dental injuries.

Injuries that may result from heat cramps, heat stroke and or fatigue.

Slip/Trip/Fall hazards associated with running and horseplay which may cause bruises, scrapes, cuts, broken bones or concussion.

Weather related risks such as sunny/hot temperatures (Sunburn), high winds, rain, fog, snow, thunderstorms, lightning.

All manner of injuries and/or death which may result in the transportation to and from the facility.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, skate boarders, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

All manner of injuries and/or death which may result in the transportation and transitions to and from each destination and facility.

TRANSPORTATION

Motor traffic exposures such as intersections, high traffic volumes, speeding vehicles, blind spots,

crosswalks, railway crossings, construction zones.

Weather related injuries resulting from high winds, rain, fog, snow, thunder storms, lightning.

All manner of injuries and/or death which may result in the transportation and transitions to and from each destination and facility.

VISIT TO A CHURCH

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder, storms, lightning, sunny/hot conditions.

Motor traffic exposures such as crossing streets and intersections, sidewalk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

Slip, Fall exposures with stairs, ramps, uneven flooring, dark areas, seating.

Slip, trip, fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

All manner of injuries and/or death which may result in the transportation to and from the facility.
WALK/RUN AROUND THE COMMUNITY

Weather related risks such as freezing temperatures, high winds, snow, ice, sleet, rain, fog, thunder storms, lightning, sunny/hot conditions.

Motor traffic exposures such as crossing streets and intersections, side walk bike traffic, high traffic times, speeding vehicles, blind spots, crosswalks, railway crossings, bus stops, LRT, construction zones.

Slip/Trip/Fall exposures relating to road/sidewalk conditions, pot holes, trees, stairs, parking lots, ramps, elevators.

Date Submitted for Approval Nov 28, 2025

Signatures



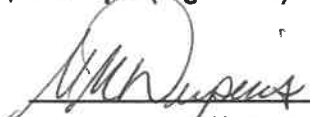
A/ Principal (Signature)

Nick M. Sahib

Print Name

November 2, 2025

Date



Lead Teacher (Signature)

M. Dupuis

Print Name

2025-12-04

Date

Archbishop MacDonald H.S.

PARENTAL CONSENT

Parental Consent and Total Costs (if applicable) due by:

Student Name _____ **Grade** _____

Field Trip Activity Mass at St. Joseph Basilica **Start Date** Dec 15,2026 **End Date** Apr 6,2027

Location St. Joseph Basilica 10044-113 street

Method of Transportation School Bus

Cost Not Applicable

Additional Information / Explanation

MEDICAL CONDITION

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc), a list of medication that my child must take and any special instructions regarding medication storage and administration.

I have reviewed and understand the information provided in this Parent Permission Letter, I consent to my child partaking in the field trip(s) as described in the Parent Permission Letter and I agree that this planned activity is acceptable. I also acknowledge and agree that during the planned field trip(s), _____ (name of student) is to act in accordance of the Education Act, Division policy and rules as to student conduct.

I understand that pursuant to Administrative Procedures 260, no parent shall be reimbursed for the loss of any field trip monies if the field trip is cancelled or interrupted for any reason. This includes any form of deposit. However, a parent shall be reimbursed field trip monies if the field trip is cancelled or interrupted and the school has not provided said monies at the time of cancellation to any third party travel-related agency which assisted in organizing the field trip, and the related contract between the district and the agency or the insurance provider permits a refund of field trip monies in the circumstances.

I understand and agree that where circumstances arise during the field trip, such as changes in itineraries or adverse weather or road conditions, the Lead Teacher, in consultation with the Principal, may make changes in itineraries and travel/arrival plans for my child. I understand that a reasonable effort will be made to advise me of such a change.

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment / intervention in the event of an emergency.

Parent signature: _____ **Name** _____ **Date:** _____

Relationship: ☐ Mother ☐ Father ☐ Other Legal Guardian

Emergency Parent Contact and Phone Number _____