



**St. Francis Xavier**

9250-163 Street, Edmonton

AB, Canada T5R 0A7

780-489-2571

**International FieldTrip Parent Permission Letter**

**Field Trip Activity** Baseball

**Location / Destination** Clearwater, Florida

**Field Trip Details**

Baseball Spring Training/Instructional Games/Lead Teacher and Volunteers including Coordinator/Will arrange students not attending to have supervision at St. Francis Xavier High School during normal hours

<b>Date of Field Trip</b>	Start: <u>Mar 19, 2010</u>	Time of Departure: <u>6:00am</u>
	End: <u>Mar 28, 2010</u>	Time of Return: <u>2:00pm</u>
<b>Cost</b>	<u>\$2500.00</u>	

Travel Insurance Included (when commercial carriers are used) Yes

**Integration of the events and activities with Program of Studies / Educational Value**

**Grades Attending** 10-12

**Number of Attending Students** 35

**Number of Attending Teachers** 1

**Number of Attending Supervisors** 1

**Number of Attending Volunteers** 2

**Lead Teacher and Contact** Sheen Bromley 780-238-6275(T)

**Attending Teachers and Supervisors**

Mark Randall 780-238-6275 (S)

Mike Johnson (V)

Rob Boik (V)

Detailed Itinerary of the trip (Including information regarding accomodations) Attached Yes

**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** Airplane

**Carrier Name** West Jet

### **Cancellation Insurance**

All field trip participants must purchase group travel insurance which includes trip cancellation. This will be arranged by the trip organizer and included in the cost of the trip.

### **Notarized Boarding Crossing Consent Letter**

Youth under 18 years of age who travel alone, with one parent or accompanied by another adult must carry a Notarized Consent Letter for International Travel. Such a letter proves that the trip is permitted by the custodial parent, both parents or legal guardian. Once completed, please give original copy to the lead teacher.

### **Immunization**

International travel can expose you to infectious diseases not seen in Canada. Since it may take several weeks for an immunization to protect you against a disease, please consult a travel medicine clinic or your physician six to eight weeks before departure. For further information, visit the Public Health Agency of the Canada's Travel Health website at [www.travelhealth.gc.ca](http://www.travelhealth.gc.ca)

### **Medical Insurance**

Out of country healthcare can be costly and provincial health care plans may not cover all the costs should your child's health become a concern. Field trip participants must purchase supplementary health insurance. This will be arranged by the trip organizer and included in the cost of the trip.

### **Equipment Required**

FX Issued Gear

### **Clothing Required**

FX Issued Gear

### **Other Information**

To obtain further information regarding international travel please visit Foreign Affairs and International Trade Canada consular website at [www.voyage.gc.ca](http://www.voyage.gc.ca)

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

Slip/Trip/Fall hazards associated with poor field conditions, wet weather, stairways to fields, player's benches, parking lots, seating stands.

Injuries resulting from concussions, sprains, strains, cleats, being hit by the ball, bat or pitch, running into fencing while chasing the ball, colliding with other players, sliding into a base, being cut from gravel or foreign objects on the ground.

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

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

All manner of injuries resulting in muscular and soft tissue injuries including bruises, scrapes, cuts from collisions with 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.

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

**Signatures**

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**School Operations Services  
-District Principal (Signature)**

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**Print Name**

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**Date**

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**Principal (Signature)**

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**Print Name**

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**Date**

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**Lead Teacher (Signature)**

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**Print Name**

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**Date**

**St. Francis Xavier**  
**PARENTAL CONSENT**

Parental Consent and Total Costs (if applicable) due **Feb 28,2010**  
by:

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Field Trip Activity** Baseball **Start Date** Mar 19, 2010 **End Date** Mar 28, 2010

**Location** Clearwater, Florida

**Method of Transportation** Airplane

**Total Amount Enclosed \$** \_\_\_\_\_

**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 School Act, District policy and rules as to student conduct.

I understand that pursuant to District Policy 126, 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.

I understand that it is our responsibility to purchase supplementary health insurance, cancellation insurance, and complete a Notarized Consent Letter for International Travel, and provide proof of these to the lead teacher. It is also my responsibility to consult a physician regarding immunizations.

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: \_\_\_\_\_

**Emergency Parent Contact and Phone Number** \_\_\_\_\_