

**LLOYDMINSTER PUBLIC SCHOOL DIVISION  
PARENT APPROVAL FIELD TRIP FORM**

(The information on this form is collected pursuant to the FOIP Act, Sections 33(c), 39 1(b) & 40 1(c) to be used to organize and coordinate a school field trip.)

**SCHOOL INFORMATION:**

School Name: \_\_\_\_\_

Staff Member/Supervisor in Charge of Trip: \_\_\_\_\_

**FIELD TRIP INFORMATION:**

TRIP DESTINATION: \_\_\_\_\_

ACCOMODATION DETAILS: \_\_\_\_\_

TRIP DATE(S): \_\_\_\_\_

CLASS INVOLVED: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

CHARGES TO STUDENTS: \_\_\_\_\_

RISK DETAILS: \_\_\_\_\_

**SUPERVISION DETAILS:**

Number of Supervisors to be taken on trip: \_\_\_\_\_

Contact Number for Supervisor: \_\_\_\_\_

**TRANSPORTATION DETAILS:**

Method of Transport:

LPSD Vehicle: \_\_\_\_\_ or

Leased Vehicle: \_\_\_\_\_ Type: \_\_\_\_\_

Driver: \_\_\_\_\_

Private Vehicle: \_\_\_\_\_ Driver: \_\_\_\_\_

Departure/Return Times:

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PARENT APPROVAL:

STUDENT NAME:

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NOTE: Parents must have ultimate authority in approving whether or not their child (if under the age of 18 years old) participates in a field trip.

\_\_\_\_\_ I approve of my son's/daughter's attendance on this field trip.

\_\_\_\_\_ I am prepared to volunteer as a supervisor for this field trip.

\_\_\_\_\_ **Telephone Number** where I can be reached **on the day of the trip.**

Information about my child that field trip personnel need to know for this excursion: (Medical or other):

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DATE: \_\_\_\_\_, 20 \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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If you have any questions about the collection, use or disclosure of information on this form, please contact the Staff Member/Supervisor in Charge of Trip or the Principal/Vice-Principal of the school.

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