

## **SCHOOL ACTIVITY INFORMATION & PERMISSION FORM**

A O T D (1 T ) ( (1	RNED BY: Friday, December 2	
ACTIVITY (including purpose &	& location details): Visiting seniors at Glacier View Lodge	
ACTIVITY DATE: Tuesda	ay, December 6	
DEPARTURE TIME from school	ol: 1:15	
RETURN TIME to school: 2	2:45	
COST: n/a	FEES DUE:	
TRANSPORTATION ARRANG	SEMENTS: Parent drivers	
SUPERVISED BY: Mrs. Tan	nsky and parent drivers	
UNUSUAL FACTORS/RISKS:	None	
OTHER DETAILS: Students	s must have proof of vaccination and be able to wear a mask.	
	PARENTAL PERMISSION	
l,	, □ GIVE □ DO NOT GIVE permission for	
(Printed name	of parent/guardian) (check the box above that applies)	
	to participate in this activity.	
(Printed na	ame of child)	
	I have read and understood the information.	
Signed	Date:	
Signed	(Signature of parent/guardian)	_
	Phone:	
<u> </u>		
RELEVANTSTUDENT M 	MEDICAL CONDITIONS that the school should know:	
l .		
Please check	□ I AM able to help.	
Please check all that apply.	<ul> <li>□ I AM able to help.</li> <li>□ I AM NOT able to help supervise this activity.</li> </ul>	
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	□ I AM <u>NOT</u> able to help supervise this activity.	
	<ul> <li>□ I AM NOT able to help supervise this activity.</li> <li>□ I AM able to DRIVE TO and FROM destination.</li> </ul>	
	<ul> <li>I AM NOT able to help supervise this activity.</li> <li>I AM able to DRIVE TO and FROM destination.</li> <li>I have completed the required paperwork at the school office.</li> <li>I have offered to drive for an additional classroom.</li> <li>I have seats available for grade</li> </ul>	
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