Prairie South School Division No. 210

School:

		icular or Curricul /Guardian Consei		
		ultation with teacher coac ent's name)	h/supervisor	
Teacher Coach/Supervisor		Group/Team/Class		
Traveling to:		for		
		Returning (date & time)		
Special Regulations	for this trip:			
I understand any vio from this extra-currie	lation of this provisi cular/class, removal	of school privileges and	I my school. tions listed above may result in expulsion I / or suspension from school. Also, I I upon my return to classes.	
Step 3 – to be comp	oleted by each subject Class Name	teacher Teacher Signature	Work to be completed upon return	
Period 1	Class Name	Teacher Signature	work to be completed upon feturii	
Period 2				
Period 3				
Period 4				
Period 5				
	allow my son/daug in participating in	ghter/guardian to partion this activity. I am also	cipate in this trip and I am aware there o aware of the school work that must	
Name (please print):		Emerge	Emergency contact number:	
Relationship to participant:		Signatu	Signature:	

Prairie South School Division No. 210

Extra-Curricular or Curricular Excursion Parent/Guardian Consent Form

Date:					
On the	students in	will be			
(date)	class(es)				
(date) participating in(activity)	at	·			
(activity)	(location))			
There are risks associated with particip	pating in this activity. Please si	ign below and return this form to			
the school by	to indicate your consent for your child to attend and				
participate in this event. Also, in the e	vent that you need to be reache	ed, please provide an emergency			
contact number.					
may par	ticipate in the above activity.	I understand that			
(Student's Name)	ı				
there are risks present when participati	ng ina	nd I agree that			
-	(activity)	-			
exposing my child to such risks is reas	onable in order that she/he hav	e this experience.			
Emergency Contact Number					
(D. ()		<u> </u>			
(Date)	(Parent of	r Guardian)			