Local Field Trip / Excursion Supervisor Consent Form

I understand and agree to serve as a supervisor on the following field trip: Activity or Event			
			Date(s)
I agree to participate under	the following cond	ditions:	
I will take direction fi	rom the Field Trip	leader at all times.	
 I understand that thi 	s may include:		
o Being asked	Being asked to assume the responsibility to supervise a designated group of		
students or a	ın individual stude	ent.	
o Being asked	Being asked in an emergent situation to be separated from the field trip group to		
care for an individual student (s) for reasons that may include illness or			
inappropriate	e behaviour.		
o Being asked	Being asked in an emergent situation to return home with a student or students		
for reasons t	hat may include ill	Iness or inappropriate behaviour.	
I agree to provide a	Criminal Record (Check and Intervention Record Check.	
I agree to remain with the Field Trip group at all times during the trip.			
 I agree to adhere to Excursions. 	the Division's Adr	ministrative Procedure 260 – Field Trips and	
Supervisor's Name	(please print)	Supervisor's Signature	
Principal's Name	(please print)	Principal's Signature	
Field Trip Leader's Name	(please print)	Field Trip Leader's Signature	