

## FIELD TRIP PARENT PERMISSION

## **DETAILS OF TRIP:**

Teacher Contact: Michael Ross, iGen District Teacher Sponsor				
<b>Destination of Trip:</b> Multiple destinations, dates an <b>February 2</b> <sup>nd</sup> – Okanagan Regional Library, <b>February 2</b> <sup>nd</sup> or <b>May4</b> <sup>th</sup> – Hollywood Road Edu Innovation Centre.	<b>ary 22<sup>nd</sup> -</b> Hollyw	ood Road		
Purpose of Trip: Innovation Generation Challenge				
The Innovation Generation (iGen) Challenge connection marketplace in a way never seen before. By connection members, we're uncovering the next breed of business.	ng young entrepr	eneurs wit	h community business	ne
Inherent Risks of Participating: Travel to and from destinations listed above				
<b>Group of Students:</b> Grade 7 - 12 students				
No. of Students:	No. of Teacher Supervisors:			
Departure Date: listed above in destination	http://www.igo			
Return Date: same as departure date	<b>Departure Time:</b> Varies, refer to calendar of events at http://www.igc23.com/			
TRANSPORTATION:				
School District Bus [ ] Wheelchair Access Rented Vehicle [ ] Commercial Carrier District Driver [ ] Authorized Adult Authorized Student Driver (no passengers allowed)		[ ] [ ] [x]	Private Vehicle Foot/Bicycle Commercial Driver Parent/Guardian	[x] [ ] [ x]
PARENT/GUARDIAN CONSENT:  I have read the description of activities, understand to and accept these risks. I also understand that all of to while students are on field trips, and I will repay the home by means other than as stated above.  Consent is given for my son/daughter to participathe media.	he requirements school for costs	of the scho if it is nece	ool Code of Conduct ap ssary to send this stude	pply nt
udent Name:Student's BC Medical #				
Medical concerns, allergies, medication requirements				
Signature of student:				
Signature of parent:	D	ate		