

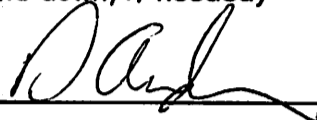
Walnut Park Elementary School

P.O. Box 2649, Smithers, British Columbia V0J 2N0  
Telephone (250) 847-4464  
email: wpsoffice@sd54.bc.ca

Dwayne Anderson  
Principal  
De-anna Lea  
Vice Principal

SPORTS & FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: Survival shelters and flint & steel fire starting, BV Nordic Centre  
LEARNING OBJECTIVES: Outdoor education, "Hatchet" novel final activity, year-end celebration  
DATE & TIMES: Friday, June 20<sup>th</sup>, 2025  
TRANSPORTATION: Bus → Thank you to the PAC for providing our buses!!  
COST: \$10 per student for lunch  
SUPERVISING TEACHERS: Mrs. Tendall, at least 2 parent volunteers, one who can drive  
(need a vehicle to carry items up and students down, if needed)  
EMERGENCY CONTACT: Dwayne Anderson, Principal 250-847-4464

Field Trip approval: 

ADDITIONAL INFORMATION:

- We will leave the school at 9:15 am and return at 2:30 pm
- Students need to bring a snack, a water bottle and dress for the weather (and bugs)
- Purchased lunch is 2 hotdogs, 2 cookies and a juice box per student. You may opt out of this lunch and send a homemade lunch with your child.
- Any unsafe or inappropriate behaviour will result in the student going back to the school.

Fires - flint & steel fire building occurs only on the gravel parking lot & will be strictly supervised at all times.  
Shelters - No cutting tools are permitted on the trip. (No axes; knives etc)  
-Only already dead items will be used to build and shelters must be dismantled before we leave.  
Everyone will help clean up all areas to better than original condition after completion of activities.

Keep top portion for your information

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Sign, cut off and return lower portion

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☐ \$10 is included for lunch                      ☐ Student will bring lunch from home

☐ I can drive up and help supervise

☐ I can help supervise, but not drive up  
You can come on the bus, or drive with the car parent

\_\_\_\_\_  
Please print name(s) of adult(s) coming

\*In signing this permission form, I indicate that I understand the nature of the activity and its inherent risks and approve of the arrangements outlined above. I give my permission for my son/daughter/ward to participate.

Date: \_\_\_\_\_ Name of Child \_\_\_\_\_

|                                       |                                     |
|---------------------------------------|-------------------------------------|
| _____<br>Emergency Contact Name       | _____<br>Emergency telephone number |
| _____<br>Signature of parent/guardian | _____<br>telephone number           |