

# Walnut Park Elementary School

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J. Grice  
Principal

D. Lea  
Vice Principal

## FIELD TRIP PERMISSION FORM

DESCRIPTION OF ACTIVITY: Students will travel to Malkow Lookout and hike up to the tower.

### LEARNING OBJECTIVES:

- Physical Health and exploring significant places in our community

DATE & TIMES: Friday, October 17, 2025

We will leave the school at 10:45 am and return to school by 2:30 pm.

TRANSPORTATION: School Bus (Thank you to PAC for providing the busing!)

SUPERVISING TEACHERS: Mrs. Tendall & Mrs. Wilson

VOLUNTEERS: Please contact the classroom teacher if you are interested.

EMERGENCY CONTACT: Jackson Grice, Principal 250 847-4464

Field Trip approval: 

### ADDITIONAL INFORMATION:

Please bring a BIG lunch, full water bottle and appropriate outdoor clothing.

*As per usual regarding field trips, siblings are not permitted to come with parent volunteers. This is a school policy to help ensure the safety of all participants and we thank you for your understanding.*

Parent volunteers are asked to drive and meet at Malkow Lookout.

(Please detach and return the permission slip below.)

DESCRIPTION OF ACTIVITY: Students will travel to Malkow Lookout and hike up to the tower.

- LEARNING OBJECTIVES: Physical Health and Exploring the Natural Environment

DATE & TIMES: Friday, October 17, 2025

We will leave the school at 10:20 am and return to school by 2:45 pm.

TRANSPORTATION: School Bus (Thank you to PAC for providing the busing)

SUPERVISING TEACHERS: Mrs. Tendall & Mrs. Wilson

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 son/daughter/ward

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
telephone number

I am willing to accompany the class and help with supervision. Yes \_\_\_\_\_ No \_\_\_\_\_

If your child has any medical problems or allergies we should be aware of, please indicate below:

\_\_\_\_\_  
In case of emergency with my child, please contact: \_\_\_\_\_ at \_\_\_\_\_  
Name phone number