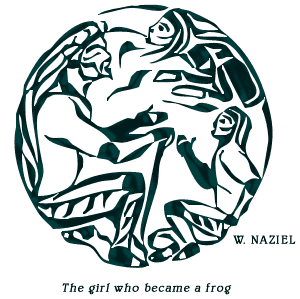
**ICount Secondary School**



**Mailing Address:**  **Contact Info:**

205 Beaver Road, Suite #2 T: (250) 847-2244  
Smithers, BC

V0J 2N1



**School Field trip – August 2022 – June 2023**

I hereby consent to my child’s participation in all activities, field trips, outings, sports events and the like, help under the school. I also release the Kyah Wiget Education Society and the Witset Elementary Secondary School from any liability for personal injury or loss of personal property, which may be sustained during any such activity or event.

This permission slip will be for school field trips, ski, swimming, year-end and other related trips for extra curricular activities.

I do extend to the Principal, Teachers or their designated agent the power to act in securing such immediate emergency treatment as may be necessary for my child’s life and confort in the event of my absence or unavailability. In the event of emergency you can call Kathleen Morin 250 643-7137

In signing this permission form, I indicate that I understand and approve of the arrangments and allow for photos to be taken which maybe be used on bulletin boards, newsletters, displays etc.

Name of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, I can be reached at (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have allergies or medical conditions?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_