

# **School District No. 61 (Greater Victoria)** **“BLANKET” Certificate of Parental Authority for** **School Field Trips**

The classroom curriculum is significantly enriched and expanded when students visit and observe for themselves certain aspects of community life and the natural environment. School field trips provide these valuable educational experiences and are planned as an enriched part of the total school program.

Regulations are in place governing the number of supervisors who will accompany students on each school field trip. Every reasonable precaution will be taken to ensure the safety of students.

Should a school field trip be planned which would exceed one day or in which there might be more than normal risk or difficulty of supervision (i.e. ski trip, day at beach), you will be informed with more details and asked for specific approval for that field trip.

## BLANKET CERTIFICATE OF PARENTAL AUTHORITY FOR SCHOOL FIELD TRIPS - REYNOLDS SECONDARY

CHECK 1 BOX:

- I give permission for my son/daughter/student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.**
  
- I prefer to give separate written permission for each field trip my son/daughter/student may attend.**

Enter Dates of school year: September 20\_\_\_\_ to June 20\_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

# Student Medical Information Form REYNOLDS SECONDARY

To be completed by parent / guardian

**Students Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

Phone : \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

Phone : \_\_\_\_\_

**Emergency Contact:**

Name (1): \_\_\_\_\_ Phone# \_\_\_\_\_

Name (2): \_\_\_\_\_ Phone# \_\_\_\_\_

**Medical Information:**

**Personal Health Number :** \_\_\_\_\_

**Medical Alert Information** (allergies, dietary restrictions, medication, existing medical conditions) that you want the supervisors to know about:

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Permission is given to seek medical attention  (please check box)

Signature of Parent /  
Guardian: \_\_\_\_\_

## Reynolds Student-Athlete Code of Conduct

**The actions of Reynolds student athletes are a reflection of themselves, their school and their community. A student's involvement in school sports provides opportunities and experiences that are important to the development of a well-rounded student. However, student-athletes at Reynolds must remember that participation in school sport is a privilege, not a right.**

Reynolds student athletes shall:

- a. Treat opponents with respect
- b. Play hard, but within the rules
- c. Exercise self-control at all times
- d. Respect the decision of the officials without gesture or argument
- e. Win with humility, lose with dignity
- f. Know that it is a privilege to represent their school and community
- g. Recognize and applaud honestly and wholeheartedly the efforts of teammates or opponents regardless of colour, creed or race.
- h. Never use social networking to criticize or threaten another school team, coach, player, game official or LVISSAA.

Infractions of the Code of Conduct will be dealt with by the coach and/or administrator depending on the severity and/or frequency.

I \_\_\_\_\_, have read and hereby agree to abide  
(STUDENT PLEASE PRINT YOUR FIRST AND LAST NAME)  
by the Reynolds Student-Athlete Code of Conduct.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_