

Yukon Education is required to seek informed consent from parents/legal guardians for all off-site experiential trips.			
Activity (YYYY/MM/DD)			
ated Return Time			
List of Other Staff/Chaperones			
Description of Planned Activity(s)			
Risk Assessment and Itinerary Attached $\Box$			
atellite Phone 🛛 In Reach			
Method of Supervision (see Off-Site Experiential Policy for further definition)			
A Parent/Legal Guardian information meeting is planned 🛛 Yes 🗌 No			
n			

Detach and return to the school. If you have any questions or concerns please contact the school.

I have read and understand the above information on the proposed off-site experiential learning trip.			
Trip Name			
	(Parent/legal guardian) I understand that the staff member in charge may be required to cancel or postpone the trip at any moment due to unforeseen circumstances.		
	I understand that in the event that my child's participation in the trip is terminated early due to behavior that I am responsible for the associated cost.		
Student Name			
Parent/Legal Guardian (print)			
Parer	nt Signature	Date (YYYY/MM/DD)	

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