ST. PATRICK FINE ARTS ELEMENTARY SCHOOL

80 RIVERGREEN ROAD W. LETHBRIDGE, ALBERTA T1K 7Y1
403-327-4386 www.spfa.holyspirit.ab.ca Social Media: @spfaschool, #hs4
PRINCIPAL – Brent Christensen ASSOCIATE PRINCIPAL – Carla Ferrari

UNITING THE ARTS AND GOSPEL VALUES - WE ARE CREATED TO CREATE

Sep 15, 2026

Dear Families,

On **Wednesday,October 7th** the Grade 1 classes will go on a field trip to the Helen Schuler Nature Centre. This educational tour is in association with our science program and will help us discover how plants and animals behave in the Fall. The program will involve outdoor and indoor activities. We will be transported to and from the location by bus. The class will leave at **9:05 am**. We will be there from **9:30 to 11:00 am** and then return to school at approximately 11:15 am.

Parents are welcome to attend as chaperones (4 per class); however, please note that, unfortunately, siblings are not permitted to participate with us on this field trip due to liability issues.

Please dress your child for the weather, including proper jackets and footwear.
There is no cost for this field trip. Students who don't return their consent by the morning of the trip will stay at the school and receive supervision until the class returns.

Please sign and return this form to indicate your consent for your child to attend this trip.

Thank you for your attention to this notice. If you have any concerns or questions, please call us at (403) 327-4386.

Warm Regards,
Verna Mabin and Kara Tarnava

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Field Trip Consent Form

I give _____ (your child's name) permission to attend the field trip to Helen Schuler Nature Centre on Wednesday, October 7, 2026.

Emergency Phone Number: _____

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.), a list of medications that my child must take, and any special instructions regarding medication storage and administration:

_____

_____

If my child requires medical attention, I authorize the supervisors to seek necessary medical treatment.

_____

_____

Signature of Parent/Guardian **Date**

I would like to be a parent supervisor on this field trip.

Parent name:_____

Parent emergency contact information:_____