

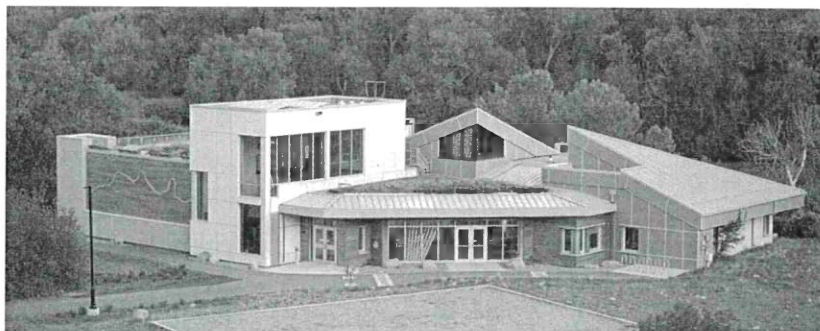


ST. PATRICK FINE ARTS ELEMENTARY SCHOOL

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

Helen Schuler Nature Centre Field Trip Consent Form



September 8, 2026

Dear Parents and Students,

The grade 6 classes are fortunate to have the opportunity to explore Helen Schuler Nature Centre on the
afternoon of Wednesday, September 23 (1:00 to 3:00).

This trip will align with our science Program of Studies: Living World: Ecosystems, giving students engagement with the interior and exterior facilities of our local nature centre in the Oldman River Valley.

The classes will be traveling from school to the Centre by school bus and will return to school by bus around 3:20 in time for regular dismissal. This field trip is included in our regular budget and there is no additional cost.

The facility will adjust for inclement weather but we ask that students dress appropriately for the conditions.

Please select the appropriate section on *Permission Click* to indicate your consent for your child to attend this trip. Students without permission or who do not return their consent form prior to the trip will stay at the school and receive activities and supervision until the classes return.

We also require a minimum of six parent chaperones (three from each homeroom) to join this field trip. These parents may meet us at the Nature Centre and then depart from there after the tour.

If your schedule is open to join us, please email Mr. Lidstone or Mrs. Davey.

Sincerely,

Mr. Lidstone and Mrs. Davey

Learn Actively

Grow Spiritually

Live Creatively



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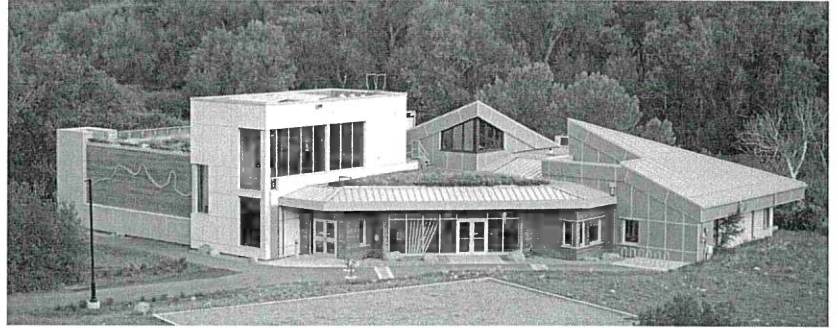
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I authorize _____ (name of student) to attend the field trip to
Helen Schuler Nature Centre as described on the attached form.

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

Emergency Contact Name: _____

Relation to student

Emergency Contact Number: _____

Please check the box if you are available to chaperone and we will contact you.

☐	Yes, I, _____, am available to chaperone for this workshop. I understand that this is not confirmation as if there are numerous parent offers, a random draw will be done.
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