



Ecole Elementaire Sunshine Hills Elementary

11285 Bond Blvd

Delta, B.C. V4E 1N3

Tel: 604-594-8491 Fax: 604-594-3815

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January 12, 2017

Dear Parents,

Our class has been fortunate and privileged to be invited to a special bilingual (French/English) programming at Science World, ***The Power of Ideas***. The presentation explores innovation in all its forms — from technical gains to social progress—and shares the key tools to making it happen. Most importantly, the presentation underscores that absolutely anyone can innovate.

Besides the special presentation, this “invite-only” event also offers free general admission to Science World’s regular galleries.

We are also looking for 5 parents/guardians to help chaperone our class. Chaperones will have free admission, travel on the bus with our class, and help supervising groups of about 5 students.

Important:

Students need to have a good, healthy breakfast before coming to school, as we may not have time for snacks when we arrive at Science world. If possible, students may have something quick, such as a granola bar, when we arrive at Science World.

We will also have a quick lunch so that we can spend as much time as possible exploring Science World.

Please fill in attached consent form and return to school by Monday, January 16, 2017. Thank you.

Sincerely,

Mme R. Filippi

M D. Smith

Teachers



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## CONSENT FORM

Accidents can be the result of the nature of the activity and can occur without any fault on either the part of the student, or the school board, or its employees or agents, or the facility where the activity is taking place. By allowing my child to participate in this activity, I am accepting the risk of an accident occurring, and agree that this activity, as described above, is suitable for my child. \*

I give permission for \_\_\_\_\_, Div. \_\_\_\_ to participate in the field trip to *Science World* on **Monday, January 23<sup>th</sup>, 2017**. I understand that my child may be exposed to certain risks while participating in this activity. Accidents and injuries may occur. Supervision will be provided by the school and parent volunteers.

**OR - I DO NOT** give permission for \_\_\_\_\_ Div. \_\_\_\_\_ to participate in this field trip.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signed by Parent/Guardian

\_\_\_\_\_  
Address of Parent

\_\_\_\_\_  
Date

Possible medical problems: [ ] nil

[ ] medication required

Medication and dosage required: \_\_\_\_\_

*\* By providing consent to have your child participate, you are not waiving your right of recourse should your child be injured as a result of gross negligence on the part of any party. In such an event claims against the District, its employees, volunteers or agents would be handled by the provincial School Protection Program.*

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