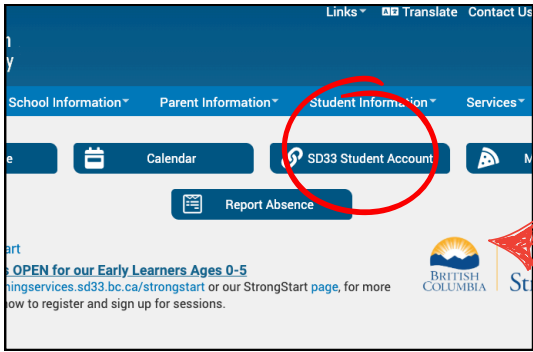




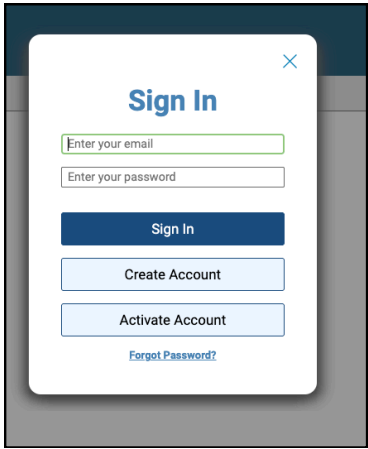
Parent Info: Student Quick Pay

Please complete the following steps to complete permission forms and pay fees:

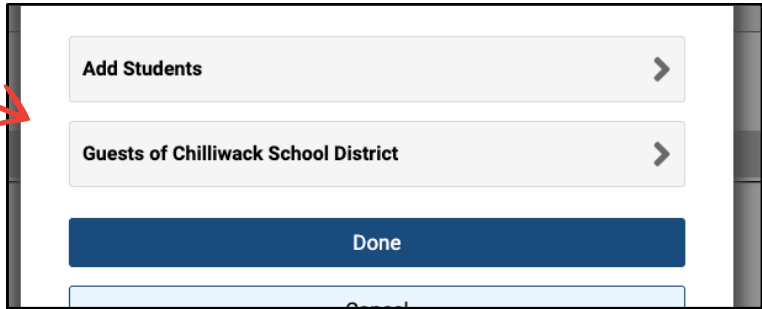


1 Follow the online link “Student Account Pay”

2 Create an Account or Sign in

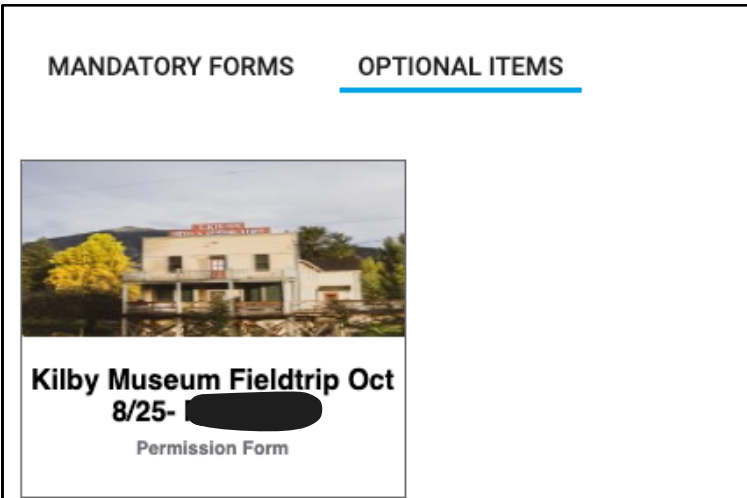


3 Add students to your family



4 Complete “optional items”

5 Pay field trip fees





Parent Info: Student Quick Pay

Complete Form

Kilby Museum Fieldtrip Oct 8/25- [redacted]
Permission Form



CHILLIWACK SCHOOL DISTRICT
Student Field Experience and Special Activities Parental Consent Form 370A

Please return this form by: A.S.A.P.
Name of School: McCammon Elementary
Activity Date: October 8, 2025
Purpose: Learning about life as child in 1910.
Departure Time: 8:30 am
Return Time: 12:15 pm
Destination: Kilby Museum
Travel Arrangements: Bus
Cost to student: \$10.00
Students will need to bring: snack, reusable water bottle, wear weather appropriate clothing.
Teacher class/ group: Mrs. Lally
Supervision/ Sponsor Staff Member: Mrs. Lally
For more info contact: (email) madison_lally@sd33.bc.ca

The Board of Education requires completion of this consent form for students participating in any school field experience outside of the school and activities of a special nature held on school district property. Regularly scheduled events such as basketball require a one time approval only. Students who do not participate in field trips will be provided with supervised study.

Accidents can be the result of the nature of the activity and can occur with or 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 your son/daughter to participate in this activity, you are accepting risk of an accident occurring, and agree that this activity, as described above, is suitable for you child.

Parental Consent

Student Last Name	Student First Name	Student ID	Student Care Card #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Information (please include any medical or health concerns)		Student Homeroom	
<input type="text"/>		<input type="text"/>	
Parent/Guardian Name	Parent/Guardian Cell Phone #	Parent/Guardian Work #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Alternate Contact Name	Alternate Contact Phone #		
<input type="text"/>	<input type="text"/>		

☐ I give permission for my student to participate in the field trip above. I understand that my child may be exposed to certain risks while participating in this activity and that accidents and injuries may occur.

Parent/Guardian Signature

dd-MMM-yyyy