

SCHOOL DISTRICT NO. 61 (GREATER VICTORIA)  
CERTIFICATE OF PARENTAL AUTHORITY  
FOR SPECIAL SCHOOL JOURNEYS

**PARTY PROGRAM**

Prevention of Alcohol +  
Risk Related Trauma in Youth

DESTINATION OF JOURNEY

Oak Bay High School  
NAME OF SCHOOL

April 30 or May 7  
DATE(S) OF JOURNEY

Phil Dhi, Shannon Eiesbrecht, Janna White  
NAME OF TEACHER IN CHARGE

Please circle the date  
you would like to  
attend.

A special school journey is planned for the date(s) specified above. Although the journey will be supervised, the individual discretion of the student will be relied upon to a certain extent to maintain discipline and safety.

Details regarding the planned journey are attached to this form.

I give permission for my son, daughter, or  
student under my care, to participate in  
the special school journey identified above.

Bus leaves the school  
at 8:20 am &  
returns at 2:45 pm

NAME OF STUDENT

SIGNATURE OF PARENT OR GUARDIAN

Home Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

Please provide the names of two people who may be contacted in the absence of the student's parents/guardians.

NAME OF ALTERNATE

ADDRESS

TELEPHONE

NAME OF ALTERNATE	ADDRESS	TELEPHONE