

## PARENT/GUARDIAN PERMISSION FORM FOR EDUCATIONAL EXCURSIONS

School is arranging the out-of-school excursion described below.

**THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF EVERY STUDENT WHO WISHES  
TO PARTICIPATE AND/OR BY A PARTICIPATING ADULT STUDENT**

The purpose of this form is:

1. To inform you of the nature of the educational excursion.
2. To seek your support and permission for your child to participate.

**Please sign this form, and return it to the school no later than:** \_\_\_\_\_

Teacher: _____	Grade(s): _____	School Phone: _____
Name of Excursion: _____		
Planned Activities: _____ _____		
Date(s) _____	Departure Time: _____	Return Time: _____
Educational Purpose(s): _____		
Destination(s): _____		
Physical description of the area to be visited (e.g., lake, park, river): _____ _____ _____		
Travel Method: _____	Cost for Student: \$ _____	
Requirements: <input type="checkbox"/> Lunch <input type="checkbox"/> Money <input type="checkbox"/> Notebook <input type="checkbox"/> Other: _____		
Clothing: _____		
This excursion will be supervised by: _____		

**Please complete, in full, the medical, elements of risk, and permission to participate sections on the next 2 pages.**

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

### Health and Safety Information and Medical Consent

The following information will be helpful to the teacher in making your child's excursion more comfortable, safe, and pleasant. Provision of the information and medical consent request on this form is voluntary; however, it may be required for the health and safety of your child. All information will be held in the strictest confidence.

Does your child have any special conditions which must be taken into consideration in their participation in the full program? Please select all that apply:

- ☐ Allergies      ☐ Anaphylaxis      ☐ Epilepsy      ☐ Heart  
☐ Asthma      ☐ Diabetes      ☐ Feet or Legs      ☐ Rash      ☐ None

Any other medical concern, which the teacher would need to know, please provide details:

\_\_\_\_\_

If your child has any other special concerns that you feel the staff should be aware of to ensure the safety and well-being of your child, please provide the detail below:

\_\_\_\_\_

SHOULD IT BECOME NECESSARY FOR MY CHILD TO HAVE MEDICAL CARE, I HEREBY GIVE THE TEACHER PERMISSION TO OBTAIN MEDICAL CARE FOR MY CHILD,

\_\_\_\_\_

I ALSO UNDERSTAND THAT IN THE EVENT OF ILLNESS OR ACCIDENT, I WILL BE NOTIFIED AS SOON AS POSSIBLE.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O.1990, and c.129 as amended. This information will be used for the purpose of providing health and safety services in the event of an emergency. Questions regarding this collection should be directed to the School Principal.

## Elements of Risk

**NOTE TO PARENT(S)/GUARDIAN(S):** Prior to the educational excursion, there will be classroom time devoted to establishing safety procedures.

**The acknowledgement and permission to participate sections below must be completed in full.**

**ELEMENTS OF RISK:** Educational excursions, such as sporting events, field trips, and other activities and programs, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the Dufferin-Peel Catholic District School Board or the facility at which the activity or event is being held. **Participants must assume these risks.**

The following excursion activities, including and not limited to, are identified as having the potential for more serious consequences: alpine skiing/snowboarding, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, swimming, wrestling, and/or field events: high jump, shot put. The safety and well-being of students is a prime concern, and all attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please contact the school to discuss any sport-specific or other safety concerns you may have.

**NOTE TO STUDENT/PARENT(S)/GUARDIAN(S):** The Dufferin-Peel Catholic District School Board does not provide any accidental death, disability, dismemberment, or medical expenses' insurance on behalf of students participating in these activities.

The Dufferin-Peel Catholic District School Board distributes information about Student Accident Insurance to the Parent, Guardian, or Adult Student, annually.

- ☐ I acknowledge that the Dufferin-Peel Catholic District School Board does not provide accident or life insurance for students.
- ☐ I acknowledge that I have received a copy of the student accident insurance brochure.

Parent/Guardian/Adult

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Participate

I give permission for my child, \_\_\_\_\_,  
to participate in the excursion named below:

\_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
(location): \_\_\_\_\_ (date[s]): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_