



REQUEST FOR PARENT/GUARDIAN PERMISSION – OVERNIGHT EXCURSIONS

Dear Parents and Guardian:

The purpose of this form is:

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

Staff Organizer(s): _____ Grade(s): _____

Date/Time of Departure from School: _____

Date/Time of Return to School: _____

Destination: _____ Method of Travel: _____

Physical Description of the Area to be visited: _____

Activities to be undertaken: _____

Educational Purpose: _____

Total Cost per student: _____

Prior to the school trip, there will be classroom time devoted to establishing safety procedures.

ELEMENTS OF RISK

Educational activity programs, such as sporting events, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury **or illness** through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks, **including exposure to COVID 19**. *The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.*

✂ _____

ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____

If over 18 years old

Staff Organizer Signature: _____ Principal Signature: _____

PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION

I give I do not give _____ permission to participate in

(Name of Student)

_____ to be held at: _____

(name of venue)

Parent/Guardian Signature: _____ Date: _____

PLEASE FILL OUT BELOW TO BE RETURNED WITH ACKNOWLEDGEMENT/PERMISSION FORM
(To be completed by Parents/Students in Grades 7 – 12)

EXPECTATIONS OF STUDENTS

The student who participates on a school excursion:

1. is responsible to the staff organizer from departure to return to the school.
2. is subject to all school rules and consequences during trips.
3. must follow specific excursion rules developed by the staff organizer, approved by the Principal and communicated to students and parent/guardian(s) prior to the excursion.
4. must understand that students who do not observe rules on excursions may be sent home (with parent contact and at parent cost), denied further participation in this activity, prohibited from any or all school excursions and extra-curricular activities for a period of time, and suspended as per school policy or charged by the police if criminal activity is involved.
5. must know that alcohol and non-prescription drugs are forbidden; any contravention may be dealt with by the police at the scene. Students of legal drinking age are not exceptions to the rule against alcohol on school excursions.
6. may not leave the school group without the permission of the staff organizer.
7. is responsible for any school and course work missed.

I understand the expectations of students on this excursion.

Student Signature: _____

Date: _____

I consent to the participation of my son/daughter/ward in the activity outlined on this form, and

I give consent to the teacher-supervisor to seek emergency medical care for my child/ward if needed and I understand that the school will contact me as soon as possible in cases of medical or other emergency.

Parent/Guardian Signature: _____

Date: _____