



REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY 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): M. Kyle, Mrs Owen, Mrs Phelan Grade(s): 1-8

Date/Time of Departure from School: Wed. May 22, @ 11:50pm

Date/Time of Return to School: Wed. May 22 @ ~~11:50pm~~ 1:45

Destination: CaraCo Track + Field. Method of Travel: Bus

Physical Description of the Area to be Visited: Track + Field Centre

Activities to be Undertaken: Running.

Educational Purpose: Physical Education + Healthy Living

Total Cost per student: 5.00 school cash online

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 through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks. 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: _____

Staff Organizer Signature: Sharon Owen Principal Signature: [Signature]
If over 18 years old

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 provide printed receipt or receipt number



Athletic Information Form

School Name: Ecole Cathédrale School Year: 2018-2019

Dear Parent/Guardian:

The Athletic Department Coaches will have the following information on hand in case of an incident or medical emergency should occur. Please take the time to complete this form and return it with your son/daughter.

PLEASE PRINT

Student's Name: _____ Date of Birth: _____

Member of School Team: Marathon Running Club

Name(s) of Coach(es): M. Kyte, N. Pharand, S. Drouin, A. Skorenky

Name of Parent/Guardian: _____

Home Address: _____

Telephone Number: Home: _____ Work: _____

Doctor's Name: _____ Telephone Number: _____

In the event of an emergency, and you are not available, please provide us with a contact person:

Name: _____

Telephone Number: Home: _____ Work: _____

Please list any medical conditions (e.g. diabetes, asthma, allergies, concussion, etc) that pertains to your son/daughter:

