



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): Emily Burtch + Alicia Bacile (ALMC) Grade(s): 5/6

Date/Time of Departure from School: 11:30 am

Date/Time of Return to School: 1:45 pm

Destination: Improbable Escapes Inc Method of Travel: Walk

Physical Description of the Area to be Visited: Building - separated rooms

Activities to be Undertaken: Team-building, co-operative learning, escape rooms.

Educational Purpose: Work together with our Penpals to complete different tasks/puzzles.

Total Cost per student: \$17.50

*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.*

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**ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS**

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Staff Organizer Signature: Emily Burtch 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: \_\_\_\_\_

*\*We will need two parent volunteers for this excursion. Please let me know if you are able to attend.*