



PARENT/GUARDIAN PERMISSION FOR OUT-OF-SCHOOL EVENTS

Teacher(s): Mrs. Lattanzio/ Mme Douthwaite Grade(s): Grade 6-8

To: Parents and Guardian: *The purpose of this form is two-fold:*

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

Date(s)/Time(s) of Departure from School: Thursday December 12th @ 10:30

Date(s)/Time(s) of Return to School: Thursday December 12th @ 2:00

Destination: Regi High School Method of Travel: City Bus

Financial Arrangements (Total Cost): \$ 6.25

Educational Purpose: Viewing – Drama production

Physical Description of the Area to be Visited: Theatre area
(i.e. lake, park, river, etc.)

Activities to be Undertaken: Watching Play

Note to Parents: *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

Date

December 3, 2019

Signature of Parent/Guardian

Signature of Student ((if 18 yr. old)

Date

Signature of Teacher

Signature of Principal

PERMISSION FORM

Return to School by: Tuesday December 10th

I give () do not give () _____ permission to
(Name of Student)

participate in the Viewing of Matilda

to be held at Regi High School - Theatre

Date

Signature of Parent/Guardian