



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): Guidance Departments (& other School Staff) Grade(s): 9

Date/Time of Departure from School: Wednesday November 14th, 2018

Date/Time of Return to School: Wednesday November 14th, 2018

Destination: Take Our Kids to Work Placement Method of Travel: will vary

Physical Description of the Area to be Visited: will vary depending on job site

Activities to be Undertaken: TOKTW employers will determine tasks & activities appropriate for students

Educational Purpose: career exploration event

Total Cost per student: not applicable

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.*

X _____

ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____

If over 18 years old

Staff Organizer Signature: [Signature] Principal Signature: [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: _____