



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): Mme Wilson et Mme Carrara Grade(s): 1 and 2

Date/Time of Departure from School: 10:45 June 20, 2019

Date/Time of Return to School: 14:00 June 20, 2019

Destination: City Park Method of Travel: walking

Physical Description of the Area to be Visited: Park + Splash pad

Activities to be Undertaken: Splash pad, climbing structure, sandbox

Educational Purpose: Physical education exploring an area in our community

Total Cost per student: 0\$

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: _____

If over 18 years old

Staff Organizer Signature: Naomi C 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)

outdoor activity to be held at: city park

(name of venue)

Parent/Guardian Signature: _____ Date: June 20th 2019