Positional Purpose: Total Cost per student: Prior to the school trip, there will be classroom time devoted to establishing safety procedures. 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 activity or event is being heid. Participants MUST assume these risks. The Algonquin and Lakeshore Catholic District Stadents participating in these activities. Parent/Guardian Signature: Student Signature: Students Day Control of the Para to be visited: Principal Signature: Students Squature: Students Squature: Student Signature: Student Signature: Students Day Excursion to participate in Students Principal Signature: Students Squature: Principal Signature: Student Signature: Permission to participate in (Name of Students) to be held at: Springer How Ken L. Square Square (Name of Students)		<u> </u>
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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):	write the receipt number here:	
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Date/Time of Departure from School: Thursdays 100 23rd, 30th feb 6 13:30 pm Date/Time of Return to School: 1:45 pm Destination: Skating rink Method of Travel: Livaliking Physical Description of the Area to be Visited: Skating rink Activities to be Undertaken: Skating Educational Purpose: Thursday education 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 student participating in these activities. ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS Parent/Guardian Signature: Student Signature: If over 18 years old Principal Signature: If over 18 years old States of Students Indicated Student	The purpose of this form is: 1. To inform you of the nature of this program	child to participate
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Parent/Guardian Signature: Date: Date:	Parent/Guardian Signature:	Student Signature: ## over 18 years old Principal Signature: END THIS DAY EXCURSION permission to participate in of Student)

Policy Document:

School Excursions

S-2018-04-1