



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): M. McDonald Grade(s): 6

Date/Time of Departure from School: Wednesday, March 8 @ 8:30am

Date/Time of Return to School: Wednesday, March 8 @ 2:15pm

Destination: Frink Conservation Area + Method of Travel: BUS

Physical Description of the Area to be Visited: Outdoor Education Centre outdoors

Activities to be Undertaken: snowshoeing

Educational Purpose: outdoor education, physical activity, biodiversity

Total Cost per student: _____

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

(X) 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

snowshoeing (Name of Student) to be held at: Frink Centre (name of venue)

(*) Parent/Guardian Signature: _____ Date: _____