



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): K. Douthwaite Grade(s): 7/8

Date/Time of Departure from School: June 14 9:00

Date/Time of Return to School: June 14 2:00

Destination: City Park Method of Travel: Walk

Physical Description of the Area to be Visited: Park

Activities to be Undertaken: Visiting informational booths

Educational Purpose: First Capital Day

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.*

✂ \_\_\_\_\_

**ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS**

Parent/Guardian Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Staff Organizer Signature: [Signature] Principal Signature: [Signature] *If over 18 years old*

**PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION**

I give  I do not give \_\_\_\_\_ permission to participate in

First Capital Day (Name of Student) to be held at: City Park (name of venue)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_