



PARENT/GUARDIAN PERMISSION FOR OUT-OF-SCHOOL EVENTS

Teacher(s): _____ Grade(s): _____

To: Parents and Guardian: *The purpose of this form is two-fold:*

1. To inform you of the nature of this program
2. To seek your support and permission for your child to participate

Date(s)/Time(s) of Departure from School: _____

Date(s)/Time(s) of Return to School: _____

Destination: _____ Method of Travel: _____

Financial Arrangements (Total Cost): \$ _____

Educational Purpose: _____

Physical Description of the Area to be Visited: _____
(i.e. lake, park, river, etc.)

Activities to be Undertaken: _____

Note to Parents: *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

Date Signature of Parent/Guardian Signature of Student ((if 18 yr. old)

Date Signature of Teacher Signature of Principal

PERMISSION FORM

Return to School by: _____

I give (____) do not give (____) _____ permission to
(Name of Student)

participate in the _____

to be held at _____

Date Signature of Parent/Guardian

PLEASE FILL OUT BELOW TO BE RETURNED WITH ACKNOWLEDGEMENT/PERMISSION FORM
(To be completed by Parents/Students in Grades 7 – 12)

EXPECTATIONS OF STUDENTS: *THE STUDENT WHO WISHES TO PARTICIPATE ON A SCHOOL TRIP:*

1. Is responsible to the teacher-supervisor from departure to return to the school.
2. Is subject to all school rules and consequences during trips.
3. Must follow specific trip rules developed by the teacher, approved by the Principal and communicated to students and parent/guardian(s) prior to the trip.
4. Must understand that students who do not observe rules on trips may be sent home (with parent contact), denied further participation in this activity, prohibited from any or all school trips and extra-curricular activities for a period of time, and suspended as per school policy or charged by the police if criminal activity is involved.
5. Must know that alcohol and non-prescription drugs are forbidden; any contravention may be dealt with by the police at the scene. Students of legal drinking age are not exceptions to the rule against alcohol on school trips.
6. May not leave the school group without the permission of the teacher-supervisor.
7. Must know and follow rules regarding smoking.
8. Is responsible for any work missed.

] I understand the expectations of students on this trip. _____
Student Signature Date

] I consent to the participation of my son/daughter/ward in the activity outlined on this form, **and**

] I give consent to the teacher-supervisor to seek emergency medical care for my child/ward if needed and I understand that the school will contact me as soon as possible in cases of medical or other emergency.

Parent/Guardian Signature: _____ Date: _____