

Parent/Guardian Permission for Excursion

To Parent and/or Guardian:

The Teacher in Charge of this excursion has provided the information below to inform you about the excursion and to seek your support and permission for your child/ward to participate. This information may be shared as necessary with adults supervising the excursion.

This is an important document. Please ensure that someone is able to translate and explain this document to you.

Notice of Collection: In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act 1989, the information provided is collected under the legal authority of Section 327 of the Education Act, R.S.O. 1990 c. E.2 as amended, and may be used as necessary for some or all of the following principal administrative purposes related to: the Board's operation, school programs and educational services, student records, and Ministries of the Government of Ontario. If you have any questions, please contact the Principal and/or the Director of Education, St. Clair Catholic District School Board 420 Creek St., Wallaceburg, ON N8A 4C4. Telephone: (519) 627-6762.

School: _____ Telephone: _____

Teacher(s): _____ Grade/Class: _____

Destination & Purpose: _____

Departure from School: Date: _____ Time: _____

Return to School: Date: _____ Time: _____

**NOTE: In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.*

Method of Travel: _____

**NOTE: Approval of the principal is required for all volunteer drivers. The school will make every effort to ensure that parent/guardian consent is obtained for each excursion for students to travel in private vehicles.*

Accommodation: (if required) _____

What the Student Should Bring: _____

Cost of Excursion: \$ _____ Deposit Required: No Yes \$ _____ Due Date: _____

**NOTE: The cost of the excursion is based on the most accurate cost information available at this time. Costs are divided evenly amongst all applicable students, and rounded up to the nearest dollar for convenience. If the amount collected exceeds actual costs, these minimal funds will be used to offset fundraising needs. Please contact the principal directly if you have any concerns or to access the school's equity and inclusion program.*

Please sign and return this form with payment by: _____



Permission: (for excursion to _____)

Yes No I give permission for my child/ward _____ to participate in the excursion.
(name of student)

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may lead him/her to require special attention during the activity? _____

Should it become necessary for my child/ward to have medical care, I hereby give the teacher permission to use his/her best judgment in obtaining the best of such service for my child/ward. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible.

I understand the St. Clair Catholic District School Board does not provide any insurance for accidental death, disability, dismemberment or medical expenses on behalf of students participating co-curricular or extra-curricular activities.

I understand that the Board is not responsible to reimburse deposits that cannot be recovered from third parties in the event of trip cancellation.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____
(or student if 18 years old or older)

If Chaperones are required I would like to volunteer: Yes No

Cost of Excursion Paid By: Online If Paid On-Line Receipt # _____