



Appendix C

Parent/Guardian Informed Consent for Excursion

This document informs parents/guardians about the upcoming educational trip and seeks your permission for your child/ward to participate. **Please ensure the content is translated and explained if necessary.**

School: _____ **Phone Number:** _____

Teacher(s): _____ **Grade/Class:** _____

Destination & Purpose: _____

Departure Date: _____ **Departure Time:** _____

Return Date: _____ **Return Time:** _____

(Note: Dates and times are subject to change in rare instances. Updates will be provided if necessary.)

Method of Travel: _____

(Principal approval is required for volunteer drivers, consent will be obtained for private vehicle travel.)

Accommodation (if required): _____

Items students should bring: _____

Total Cost: \$ _____ **Deposit Required:** No Yes \$ _____ **Due Date:** _____

(Note: Costs are based on estimates and rounded for convenience. Minimal excess funds may offset fundraising needs. Contact the principal with concerns or to access school equity & inclusion program.)

Elements of Risk

The following must be read and signed by participating student and parent or guardian.

Educational excursions involve elements of risk that may result in injury. Risks can occur without fault of the student, school board, its employees / supervising adults or the facility where the activity is taking place. **Specific risks associated with this activity may include but are not limited to:**

- _____
- _____
- _____
- _____
- _____

By choosing to take part in this activity, you are accepting the risk that you/your child may be injured, and you bear the responsibility for any injury that might occur. The chance of an injury occurring can be reduced by carefully following instructions at all times during the activity.

The St. Clair Catholic District School Board does not provide insurance for accidental death, disability, dismemberment, or medical expenses for students.

Please sign and return this page with payment by: _____ (date)

ACKNOWLEDGEMENT OF RISK

WE HAVE READ AND UNDERSTAND THE RISKS OF PARTICIPATING IN THIS ACTIVITY. BY PARTICIPATING IN THE EXCURSION, WE ACKNOWLEDGE AND ACCEPT THESE RISKS.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PERMISSION

I give permission for my child/ward _____ (name of student)
to participate in the excursion to _____ on _____ (date).

I understand that the Board is not responsible to reimburse deposits that cannot be recovered from third parties in the event of trip cancellation. Custodial parents are liable for costs or damages resulting from their child's misconduct (e.g., lost deposits, transportation home, or damages).

If necessary, I authorize the teacher to seek medical attention for my child/ward, understanding that costs will be my responsibility. I will be informed of any illness or accident as soon as possible.

Please list any change in medical information or medical reason(s) why your child should not participate in the activity, or which may lead him/her to require special attention during the activity:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____
(or student signature if 18 or older)

If chaperones are required, I would like to volunteer: Yes No

Cost of Excursion Paid by: Cash School Cash Online (provide receipt #) _____

Privacy Notice:

To respect the privacy rights of individuals in pictures or recordings, only publish/share them if consent has been granted by the adult depicted or, in the case of students, their parent/guardian.

Notice of Collection:

Information collected is used in accordance with the Education Act and related regulations for administrative purposes. For questions, contact the Principal or Director of Education, St. Clair Catholic District School Board, 420 Creek St., Wallaceburg, ON N8A 4C4. Phone: (519) 627-6762.