

## Parent/Guardian Permission for Excursion

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

School: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Teacher(s): \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
 Student: \_\_\_\_\_ Date of Excursion: \_\_\_\_\_  
 Nature of Activity: \_\_\_\_\_  
 Destination: \_\_\_\_\_

To Parents and Guardian:

The purpose of this form is 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.**

Purpose of the excursion: \_\_\_\_\_  
 \_\_\_\_\_

Itinerary  
 Program/itinerary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Departure from School: Date \_\_\_\_\_ Time \_\_\_\_\_

Return to School: Date \_\_\_\_\_ Time \_\_\_\_\_

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

TDSB bus       Public transit       Commercial vehicle  
 Private vehicle(adult driver)\*       Private vehicle(Student driver)\*

\*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.

Requirements for Participants

Food/snacks: \_\_\_\_\_ Money: \_\_\_\_\_

Notebook: \_\_\_\_\_ Clothing and equipment: \_\_\_\_\_

Other: \_\_\_\_\_

As part of the excursion, students will be participating in the following high-care activities. These activities involve increased risk or special safety considerations, or require special qualifications or certification for supervision. Appropriate supervision will be provided. \_\_\_\_\_

Accommodation (if required) \_\_\_\_\_ Phone # \_\_\_\_\_

Financial Arrangements

Total cost per student: \$ \_\_\_\_\_ Deposit required: \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Excursion Staff

Teacher: \_\_\_\_\_ School contact during the excursion: \_\_\_\_\_

Staff Supervisors: \_\_\_\_\_

Volunteer Supervisors (if known): \_\_\_\_\_

Teacher \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign in either the YES or the NO box and return  
this form to the teacher by: \_\_\_\_\_

## YES

I/we give permission for my/our child/ward, \_\_\_\_\_, to participate  
in the excursion

to \_\_\_\_\_ on (date) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) \_\_\_\_\_, private vehicle  
(student driver) \_\_\_\_\_ who has been authorized by the principal.

Parent Signature \_\_\_\_\_

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

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

I wish to volunteer on this trip: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

## NO

I/we do not give permission for my/our child, \_\_\_\_\_, to  
participate in the excursion to \_\_\_\_\_ on  
(date) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

Please copy this form single-sided  
so that parents can  
keep page 1 and  
return page 2 to the school.