

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: Trip to a TDSB Outdoor Education School

Destination: Forest Valley Outdoor Education Centre (this may include accessing surrounding TRCA trails)

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: This excursion is an extension of our classroom learning and will allow your child to engage in hands on exploration and application of learning in the outdoors.

Itinerary

Program/itinerary: This class trip is connected to classroom learning and will reinforce curriculum concepts. Students will engage in a variety of learning activities and have the opportunity to apply learned concepts through a culminating activity. Programming at Forest Valley may provide an opportunity for students to access the neighbouring TRCA trail system along the West Don River.

Departure from School: Date: _____

Time: 9:15 a.m.

Return to School: Date: _____

Time: 1:50 p.m. (depart from Forest Valley)

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: There will be no opportunity for students to spend money

Notebook: _____ Clothing and equipment: long sleeves and pants are recommended, dress appropriately for the weather, securely fastened closed toed shoes, hat, no exposed jewelry, long hair must be tied back

Other sunscreen, mosquito repellent (optional), re-fillable water bottle, asthma inhaler (if required), EpiPen (if required)

* Note, this is a nut-free facility

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. In winter conditions, snow tubing may be offered as an activity. CSA approved helmets 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 Forest Valley Outdoor Education Centre 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 Forest Valley Outdoor Education Centre 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)