

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: Harbord CI _____ Telephone: 416-393-1650 _____
 Teacher(s): Ms. Amdemichael _____ Grade/Class: 9-12 _____
 Student: _____ Date of Excursion: Feb. 7, 2018 _____
 Nature of Activity: Meditation and colouring _____

Destination: Harbord CI (286 Harbord St)

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: Meditation and colouring for Winter Activity Day _____

Itinerary

Program/itinerary: Students will use this opportunity to relax, reduce stress and physical anxiety by meditating and colouring. _____

Departure from School: Date Feb. 7, 2018 _____ Time 9am _____

Return to School: Date Feb. 7, 2018 _____ Time 2:30 pm _____

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: Bring lunch _____ Money: \$10 deposit _____

Notebook: _____ Clothing and equipment: _____

Other: Set of pencil crayons (optional) _____

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: \$10 _____ Payable to: _____

Excursion Staff

Teacher: Ms. Amdemichael _____ School contact during the excursion: 416-393-1650 _____

Staff Supervisors: Ms. Amdemichael _____

Volunteer Supervisors (if known): _____

Teacher Ms. Amdemichael _____ Signature [Signature] Date Jan 9th 2018

Administrator V. Meade _____ Signature [Signature] Date 22 Jan 2018

Please sign in either the YES or the NO box and return
this form to the teacher by: Feb. 5, 2018

YES

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

to Meditation & Colouring on (date) Feb. 7, 2018

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 Meditation & Colouring on
(date) Feb. 7, 2018

Name of Parent/Guardian _____
(printed name of parent/guardian)

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