



Home form: _____

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): Mr. Chan _____ Grade/Class: 9-12 _____
Student: _____ Date of Excursion: Feb. 7, 2018 _____
Nature of Activity: Skating for Winter Activity Day _____
Destination: Harbourfront Centre, 235 Queens Quay W, M5J 2G8 _____

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: To enjoy the winter season through the activity of skating, through physical activity.

Itinerary

Program/itinerary: Students will enjoy a day of physical activity, skating at the Harbourfront Centre.

Meet at venue
~~Departure from school:~~ Date Feb. 7, 2018 _____ Time 10:00 AM _____

Return to School: Date Feb. 7, 2018 _____ Time 3:00 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: Lunch and snacks. Money: \$\$ for lunch.

Notebook: _____ Clothing and equipment: Skates and helmet (CSA approved helmet)

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: \$11 (if renting skates & helmet) _____ Deposit required: \$ _____ Payable to: _____

Excursion Staff

Teacher: Mr. Chan _____ School contact during the excursion: Mr. Chan _____

Staff Supervisors: Mr. Chan _____

Volunteer Supervisors (if known): _____

Teacher Mr. Chan _____ Signature [Signature] Date 01/10/18.

Administrator V. MEADE Signature [Signature] Date 22 Jan 2018

Please sign in either the YES or the NO box and return

Please sign in either the YES or the NO box and return
this form to the teacher by: Feb. 5/18

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)