

Parent/Guardian Permission for Excursion

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School: Harbord Collegiate Institute Telephone: 416-393-1650
 Teacher(s): Mr. Magney Grade/Class: 9-12
 Student: _____ Date of Excursion: Feb. 7, 2018
 Nature of Activity: Sports Dome for Winter Activity Day. ~~Ice Skating~~
 Destination: Central Technical School: 725 Bathurst St, Toronto, ON M5S 2R5
 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 improve physical education and teamwork among students.

Itinerary
 Program/itinerary: Students will play various sports on an indoor field as one of the activities for Harbord CI's Winter Activity Day

Departure from School: Date Feb. 7, 2018 Time 9:00

Return to School: Date Feb. 7, 2018 Time 12:00
 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 *walk
 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 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: \$ 10 Payable to: _____

Excursion Staff

Teacher: Mr. Magney School contact during the excursion: Mr. Magney

Staff Supervisors: _____

Volunteer Supervisors (if known): _____

Teacher Mr. Magney Signature _____ Date 2018-01-17

Administrator V. Meade Signature _____ Date 2018 Jan 22

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)