

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 cl in the excursion | hild/ward,, | o participate |
| | on (date) | |
| | 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 | (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 m | y/our child, | , to |
| participate in the excursion to | | on |
| (date) | | |
| а. — — — — — — — — — — — — — — — — — — — | | |
| Same D. South C. Same Market | (printed name of parent/guardian) | |
| Signature of Parent/Guardian | (or student, if 18 years old or | older) |
| | (or student, in to years old of | |

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