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: **Martingrove CI** Telephone: **416-394-7110**

Teacher(s): **Mr. Dietrich Hartill** Grade/Class: **Leadership**

Student: _____ Date of Excursion: **April 8-10, 2016**

Nature of Activity: **Grade 9 Leadership Weekend**

Destination: **Mono Cliffs Outdoor Education Centre (http://toes.tdsb.on.ca/residential/mono/index.asp)**

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 gain valuable leadership skills while working together with peers

Itinerary

Program/itinerary: Students will engage in a variety of team building and cooperative tasks both indoors and outside

Departure from School: Date **April 8, 2016** Time **5:00pm**

Return to School: Date **April 10, 2016** Time **3:00pm(approx.)**

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

X 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: Provided Money: No

Notebook: No Clothing and equipment: List of items will be provided

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) 2- 3 students per room, with male and female dorms in separate buildings
Phone **# 519-942-8712**

Financial Arrangements

Total cost per student: **$ 125** Deposit required: $ _____ Payable to: Martingrove CI

Excursion Staff

Teacher: **Mr. Dietrich Hartill** School contact during the excursion: **Mr. Palermo 416-434-0270**

Staff Supervisors: **Mr. Hartill, Ms. Marjoram, Mr. Lee, Ms. Righetti**

Volunteer Supervisors (if known): _____

Teacher **D. Hartill** Signature _____ Date Feb. 17, 2016

Administrator **R. Palermo** Signature _____ Date Feb. 17, 2016

Please sign in either the YES or the NO box and return this form to the Conference Room (beside the main entrance) on Wednesday March 23, 2016 at 8:15 am

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)

Please copy this form single-sided
so that parents can
keep page 1 and
return page 2 to the school.