

## **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:		Telephone:	
	Grade/Class:		
	Date of Excursion:		
Nature of Activity: Plants & High Park's Early Settle	ers (TDSB Outdoor/Urban Education Pro	gram offered through the Toronto Urban Studies Centre)	
Destination: High Park (including Colborne Lodge)			
To Parents and Guardian:			
The purpose of this form is to inform you abou participate. This information may be shared as		ur support and permission for your child/ward to	
participate. This information may be shared as	necessary with adults supervi	sing the excursion.	
This is an important document. Please	e ensure that someone is ablo	e to translate and explain this document to you.	
Purpose of the excursion: To introduce students to a Park's "early settlers".  Itinerary	native plants of the Toronto area and	discover the importance of plants to John and Jemima Howard - High	
Program/itinerary: am: outdoor activities in High Pai http://schoolweb.tdsb.on.ca/tusc and follow the links unde		a museum in High Park); for more information go to	
Departure from School: Date	Tim	e	
Return to School: Date  In exceptional circumstances, dates and times may change	Tim Every effort will be made to commu	enicate these changes to you ahead of time.	
Method of Travel	•	,	
	Public transit	Commercial vehicle Private vehicle(Student driver)*	
		rt to ensure that parent/guardian consent is obtained for each excursion	
Requirements for Participants			
Food/snacks: • litterless lunch & water - NO juice / soft drini •bring extra water (no fountains)	ks (attract bees, wasps)  Money:		
Notebook: not required; all materials are provided	Clothing and equipment: •closed toed shoes, hat/cap, long sleeved clothing, jacket, rain gear, etc. •sunscreen & insect repellent with no more than 10% DEET		
Other: any special medical equipment (ie. epi-pens, inha	lers, etc.)		
		care activities. These activities involve increased risk or for supervision. Appropriate supervision will be	
Accommodation (if required): N/A		Phone #: TUSC Office: 416 393-0661	
Financial Arrangements			
Total cost per student: \$	_ Deposit required: \$	Payable to:	
Excursion Staff			
Teacher:	School contact d	uring the excursion:	
Staff Supervisors:			
		Date	
	Signature		





## 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 child/ward,			
Plants and High Park's Early Settlers (through the Toronto Urban Studies Centre, TDSB) on (date)			
Emergency Contact:E	mergency 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)	Today's date:		
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			
	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 Plants and High Park's Early Settlers (through the Toronto Urban Studies Centre, TDSB) on			
(date)			
Name of Parent/Guardian			
(printed name of parent/guardian)			
Signature of Parent/Guardian(or student, if 18 years old or older)	Today's date:		
(or student, if 16 years old or older)			

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