

## 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: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Excursion: \_\_\_\_\_

Nature of Activity: **Touring the Tunnels** (TDSB Outdoor/Urban Education Program offered through the Toronto Urban Studies Centre)

Destination: Toronto's Underground Pedestrian Walkway (PATH - Front Street to Queen Street)

### 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 provide an opportunity for language development and learning about Toronto by introducing students to the network of "tunnels" that connect Toronto's downtown office buildings (starting at Union Station).

### Itinerary

Program/itinerary: travel from school to meet TUSC Staff at Union Station; participate in a guided, activity-based walk through part of "The Path" - Toronto's underground pedestrian walkway system; for more information go to <http://schoolweb.tdsb.on.ca/tusc> and follow the links under **Special Programs**

Departure from School: Date \_\_\_\_\_ Time \_\_\_\_\_

Return to School: Date \_\_\_\_\_ Time \_\_\_\_\_

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: *not needed (half day program)*

Money: \_\_\_\_\_

Notebook: *not required; all materials are provided*

Clothing and equipment: *comfortable walking shoes*

Other: *any special medical equipment (ie. epi-pens, inhalers, etc.); bottle of water (no drinking fountains)*

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. **N/A**

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 during the excursion: \_\_\_\_\_

Staff Supervisors: \_\_\_\_\_

Volunteer Supervisors (if known): \_\_\_\_\_

Teacher \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**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, \_\_\_\_\_, to participate  
in the excursion to:

**Touring the Tunnels (through the Toronto Urban Studies Centre, TDSB)** 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 **Touring the Tunnels (through the Toronto Urban Studies Centre, TDSB)** 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.