

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: Harbord Collegiate Institute Telephone: 416-393-1650
 Teacher(s): Ms Williams Grade/Class: 11-12
 Student: _____ Date of Excursion: Feb. 7, 2018
 Nature of Activity: Laser Tag & Games
 Destination: The E-Zone: 120 N Queen St
 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: Laser tag and other fun attractions for Winter Activity Day.

Itinerary
 Program/itinerary: Students will have access to the laser tag section along with other activities, and then proceed to eat & their lunch at 1:00 pm.

Departure from School: Meet at venue Date Feb. 7, 2018 Time 10:00 am

Return to School: Date Feb. 7, 2018 Time 2:00 pm

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: ~~_____~~ Money: for lunch
 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: \$ 20 + meal Deposit required: \$ _____ Payable to: _____

Excursion Staff

Teacher: Ms. Williams School contact during the excursion: Ms. Williams

Staff Supervisors: Ms. Pienintemi, Ms. Felix

Volunteer Supervisors (if known): _____

Teacher Ms. Williams Signature Catherine Williams Date Jan. 17/18

Administrator V. MEADE Signature [Signature] Date Jan 22, 2018

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)