

## **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: Tiny Houses (TDSB Outdoor/Urban Education Program offered through the Toronto Urban Studies Centre)						
Destination: Kensington Community School (401 College 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 involve students in the STEM Lab to create mode.	ls of sustainable houses using recycled materials.					

## Itinerary

Program/itinerary: am: travel from school to meet the TUSC staff at Kensington CS; complete small group activities; pm: following lunch, students continue to finish their models; for more information go to http://schoolweb.tdsb.on.ca/tusc and follow the links under Grade 8

Teacher	Signature	Date			
Volunteer Supervisors (if known):					
Staff Supervisors:					
Feacher:     School contact during the excursion:					
Excursion Staff					
Total cost per student: \$	_ Deposit required: \$	Payable to:			
Financial Arrangements					
Accommodation (if required): N/A		Phone #: TUSC Office: 416 393-0661			
		igh-care activities. These activities involve increased risk or tion for supervision. Appropriate supervision will be			
Other: any special medical equipment (ie. epi-pens, inha	lers, etc.)				
Notebook: not required; all materials are provided		and equipment: n/a			
Food/snacks: waste-free lunch and water	Money:				
<b>Requirements for Participants</b>					
*Approval of the principal is required for all volunteer driv for students to travel in private vehicles.	vers. The school will make every	effort to ensure that parent/guardian consent is obtained for each excursion			
		Commercial vehicle Private vehicle(Student driver)*			
	Public transit	Commercial vehicle			
Method of Travel					
Return to School: Date In exceptional circumstances, dates and times may change	. Every effort will be made to co	Time mmunicate these changes to you ahead of time.			
Departure from School: Date		Time			
Doporturo trom School: Doto		Time			

Date

Administrator

\_\_\_\_\_Signature\_



## Toronto District School 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 to:	hild/ward,						, to partici	pate
	Tiny Houses (through the Toronto Urban Studies Centre, TDSB) on (date)							
Emergency Contact:			Eı	nergency	Phone Numb	er:		
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 pa							
Signature of Parent/Guardian				Тос	lay'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								
	(or student, if 18 ye	ears old or older	r)					
NO								
I/we do not give permission for my	y/our child,						, to	
participate in the excursion to Ting	y Houses (throu	igh the Toi	ronto Urb	an Studi	es Centre, T	<b>TDSB</b> ) on		
(date)								
Name of Parent/Guardian								
	(printed name of pa	arent/guardian)						
Signature of Parent/Guardian		dent,	if	Too 18	lay's date: years	old	or	older)

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