



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: **Rock Walk** (TDSB Outdoor/Urban Education Program offered through the Toronto Urban Studies Centre)

Destination: *am: Kensington Community School (401 College Street); pm: University of Toronto campus (College and McCaul Streets)*

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: *Introductory activities provide context and focus for young "rock detectives" to prepare them for venturing into "the field". Armed with map clues and field kits, students find, describe, identify and photograph different rocks types as found on selected buildings.*

Itinerary

Program/itinerary: *am: travel from school to meet the TUSC staff at Kensington CS; complete small group activities introducing the Rock Cycle; pm: following lunch, students walk to the University of Toronto, St. George Campus to examine and photograph the rock used in a selection of buildings; for more information go to <http://schoolweb.tdsb.on.ca/tusc> and follow the links under **Grade 4***

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: *waste-free lunch and water*

Money: _____

Notebook: *not required; all materials are provided*

Clothing and equipment: *appropriate clothing for **outdoor** field work*

Other: *any special medical equipment (ie. epi-pens, inhalers, etc.)*

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:

Rock Walk (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 **Rock Walk (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.