

Parent/Guardian Permission for Excursion

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School: **Don Mills Middle School**

Telephone: 416-395-2320

Teacher(s): Sean Grant

Grade/Class: 6/7/8

Student:

Date of Excursion: Thursday, Oct. 07, 2010

Nature of Activity: Soft Ball Tournament

Destination: North Lea P.S

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: All day soft ball tournament

Itinerary

Program/itinerary: ALL DAY SOFT BALL TOURNAMENT

Departure from School: Date: Thursday, Oct. 7th, 2010

Time 8:15am

Return to School: Date: Thursday, Oct. 7th, 2010

Time: 4:00pm

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: LUNCH and DRINKS

Money: NO

Notebook:

Clothing and equipment: athletic wear and baseball glove

Other:

Accommodation (if required):

Excursion Staff

Teacher: Sean Grand, Roula Marcus

School contact during the excursion: School Office (416)395-2320

Staff Supervisors

Volunteer Supervisors (if known): None

Teacher: Sean Granty

Signature _____ Date: _____

Administrator: Mrs. D Mantia

Signature _____ Date: _____

Please sign in either the YES or the NO box and return
this form to the teacher by: June 13th, 2008

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)

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