



Out-of-School Learning Experience Elementary and Secondary Students Student Trip Information & Permission Form

To the Parent/Guardian – Permission has been granted by the Principal to have the students participate in the Out-of-School Learning Experience described below. Please read the information below and return the bottom permission portion by the due date as indicated. **If a non-refundable deposit/payment is required for this trip, the parent/guardian acknowledges that neither the Board nor any employee bears liability for the deposit/payment once paid, if the child is unable to attend, or if the trip is cancelled due to any unforeseen circumstances.** The Board’s Out-of-School Learning Experiences Policy and Procedures can be referenced on the Board Website, www.hwcdsb.on.ca.

TRIP DETAILS

| | |
|--|---|
| <i>School Name:</i> | Immaculate Heart of Mary |
| <i>Date(s) of Trip:</i> | Monday, April 3, 2017 |
| <i>Cost per Student:</i> | \$ 4.00 |
| <i>Mode of Transportation:</i> | Bus |
| <i>Destination Name, Address and Contact Number:</i> | Sherwood Public Library |
| <i>Time of Departure from School Site:</i> | 11:30 p.m. |
| <i>Approximate Time of arrival back at school:</i> | 2:45 p.m. |
| <i>Purpose of the Out-of-School Learning Experience:</i> | Celebrate the Forest of Reading. The student’s will be meeting author Vicki Van Sickle. |
| <i>Students should come prepared with:</i> | School Uniform. |

-----Detach and Keep the Top Portion and Return the Bottom Portion to School-----

PARENT/GUARDIAN PERMISSION

To have your son/daughter participate in the trip, please complete the bottom portion of this form and return it to the school/supervising teacher no later than 3 days prior to commencement of the trip.

| | | |
|---|---|----------------|
| To the Hamilton-Wentworth Catholic District School Board and the Principal of IMMACULATE HEART OF MARY | | |
| Print student name in full: | | |
| I/We hereby request that the above named student be permitted to participate in the trip to: Forest of Reading Celebration at Sherwood Library | | |
| <i>For out-of-country trips, I have consulted all Health warnings/advisories via the local Health Department and/or Foreign Affairs and International Trade Canada Travel Report and Warnings website: https://travel.gc.ca/travelling/advisories</i> | | |
| Payment Type: | On-Line Payment Confirmation Number: | Payment |
| Attached | | |
| Signature of Parent/Guardian:* | Phone Number: | Date: |
| Emergency Contact Name: | Phone Number: | |
| <i>SPECIAL REQUIREMENTS ONLY (See below)</i> | | |
| *If the student is over the age of 18 years and has signing authority designated by the student’s parent/guardian, the student’s signature only is required. | | |
| Individualized Allergy/Anaphylaxis/Health Accommodation/Action Plan Required (Check if needed & Attach Copy) | | |
| PRIVATE MOTOR VEHICLE USE ONLY - Your signature is only required below if the trip requires that your child/you will be transported in a vehicle driven by another parent. | | |
| I/We hereby give permission for the above named student to be transported in a vehicle driven by another parent. | | |
| _____ Parent/Guardian Signature* | | _____ Date |
| The personal information and personal health information requested and contained within this form is being collected, used, retained and disclosed pursuant to the <i>Municipal Freedom of Information and Protection of Privacy Act: R.S.O. 1990 last amendment 2007</i> and the <i>Personal Health Information Protection Act: R.S.O. 2004 last amendment 2009</i> by the Hamilton-Wentworth Catholic District School Board in accordance with the <i>Education Act: R.S.O. 1990 last amendment 2009</i> and its regulations for the provision of education and education-related programs and services, including excursions. Any questions regarding the collection, use, retention and disclosure of personal information by the School or the Board may be directed to the Principal of the School. | | |

INFORMED CONSENT/PERMISSION FORM FOR EDUCATIONAL TRIPS Elementary and Secondary Students

Immaculate Heart of Mary will make available the opportunity of participating in
(Name of School)
Sherwood Public Library to its students on or about Monday, April 3, 2017
(Description of Activity) *(Date of Activity)*

THIS FORM MUST BE READ AND SIGNED (WITHOUT AMDENDMENT) FOR ANY STUDENT PARTICIPATING IN THE EDUCATIONAL TRIP. STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN THE TRIP IF THE FORM IS NOT SIGNED.

ELEMENTS OF RISK: Educational activity programs may involve certain elements of risk. Injuries may occur while travelling or participating in these activities. The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its employees/agents or the facility where the activity is taking place. Refer to Ontario Physical and Health Education Association (OPHEA) website (www.ophea.net).

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity; i.e., listening attentively, etc.

If you choose to participate in Sherwood Public Library on April 3, 2017, you must
(Description of Activity) *(Date of Activity)*

understand that you bear the responsibility for any injury that might occur.

The Hamilton-Wentworth Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT AND PERMISSION:

We/I have read the above and agree to assume the risks associated with our child/**myself** participating in the trip.

Signature of Parent/Guardian*: _____

Date: _____

***If the student is over the age of 18 years and has signing authority designated by the student's parent/guardian, the student's signature only is required.**

YOU ARE ENCOURAGED TO USE SCHOOL CASH ON LINE.