



# INFORMED CONSENT/PERMISSION FORM

## Walking or Bus Trip

*Please keep this portion handy for reference.*

Class: 1-1, 1-2, 12-1 Location/Description: Mountsberg Conservation Area  
 Subject Area: Science: Life Systems  
 Purpose of Trip: Investigate physical, behavioural and environmental characteristics of living things.  
 Trip Date: May 25 Departure Time: 9:15 AM Return Time: 2:15 pm  
 Teachers involved: G. Roycroft, S. Davey, L. Neuman  
 Cost per Student: \$13.00

Items Required:  Lunch  Water  Sunscreen  Bag/Knapsack  Outdoor Clothing  Rain Gear  
 Volunteer Chaperones are not required:  **OR** Volunteer Chaperones are required

Other information: \_\_\_\_\_  
 Trip Coordinator: [Signature] Principal: [Signature]

Please detach and return permission and payment before: \_\_\_\_\_

Any out of school experience may involve extra hazards and certain elements of risk beyond those of normal school routines. Please reinforce the counselling given at the school about the need for extra care and cooperation. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of the student, the school board, or its employees/agents. By choosing to take part in this activity you are accepting the risk that your child may be injured.

**I have read the above and give permission for my child(ren) to participate in this event.**

Destination: \_\_\_\_\_ Date of trip: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Class / Group: \_\_\_\_\_  
 Amount enclosed: \_\_\_\_\_  Cash  Cheque  Online Payment Receipt # \_\_\_\_\_

Medical Information: *Please indicate any medical information of which the teacher should be aware.*  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No The medical information about my child has changed since September.  
 Yes  No If "yes", I require a new Medical Information form to give the information to the office.  
**Volunteers:** I would like to volunteer as a:  Supervisor  Parent Driver  
 Yes, I have a Criminal Record Check including a "Vulnerable Sector Screening" completed and on file in the office.  
 Parent/Guardian Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_  
 Parent Email Address: \_\_\_\_\_  
 Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** The Halton District School Board does not provide accident insurance coverage for student injuries. The Board makes available the insuremykids® Protection Plan through Reliable Life. For more information visit the Board's website at: <http://www.hdsb.ca/ParentInfo/Pages/StudentAccidentInsurance.aspx>