



FIELD TRIP INFORMED PERMISSION FORM

Walking or Bus Trip

Please keep this portion handy for reference.

Class: Grade 7 and 8's Location/Description: Oakville Centre for Performing Arts
Subject Area: History and Language
Purpose of Trip: Truth Reconciliation

Trip Date: Thurs. Nov. 2/2017 Departure Time: 12:20 pm Return Time: 2:45 pm
Teachers involved: Ms Kelly, Ms Hallett Ms Little Ms McCormick Ms Brooks Mr Arnold
Cost per Student: \$9.00

Items Required: Lunch Water Sunscreen Bag/Knapsack Outdoor Clothing Rain Gear

Volunteer Chaperones are not required: **OR** Volunteer Chaperones are required

Other information: Students will be eating lunch at school prior to bus departure - there is no signing out that day.

Kelly Trip Coordinator K. Fournier Principal

Please detach and return permission and payment before: October 29, 2017

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 School Cash Online

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 & "Vulnerable Sector Screening" or recent Offense Declaration completed and on file in the office.

Parent/Guardian Name: N/A 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: <http://www.insuremykids.com>