



# FIELD TRIP INFORMED PERMISSION FORM

## Walking or Bus Trip

Please keep this portion handy for reference.

Class: 5-1, 5-2, 5-3 Location/Description: Royal Ontario Museum

Subject Area: Social Studies - First Nations and Early Europeans in New France

Purpose of Trip: to recognize the interrelationships between the First Nations and Early Europeans and develop an understanding of how historical events in early Canada have had an impact on present-day Canada.

Trip Date: Monday., Nov. 6, 2017 Departure Time: 8:45 a.m. Return Time: 2:30 p.m.

Teachers involved: Mrs. Coombs, Ms. Watson, and Ms. Cavicchia

Cost per Student: \$27.00

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

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

Other information: \_\_\_\_\_

Ms. Cavicchia  
Trip Coordinator

K. Fournier  
Principal



Please detach and return permission and payment before: Wed., Nov 1, 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: Royal Ontario Museum Date of trip: Monday, November 6, 2017

Student Name: \_\_\_\_\_ Class / Group: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_  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: \_\_\_\_\_ 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>