



OCDSB 122: Parental Consent for Trip Participation

RETAIN THIS PAGE (PAGE 1) FOR YOUR INFORMATION.

PLEASE **SIGN AND RETURN THE ATTACHED PAGE (PAGE 2).**

School: Earl of March Secondary School <input checked="" type="checkbox"/>	Lead Trip Supervisor/Teacher: Ms. Port
Date of Field Trip: <u>May 28th, 2019</u>	Rain Date: <u>May 29th, 2019</u>
Class/Subject Area: Health & Physical Education Wellness	Activity: EOM COLOUR RUN 2019 3km & 5km race
Risk Associated with the Activity: Muscle strains, heat stroke, <u>dehydration</u>	Educational Purpose of Field Trip: Pursuit of increased personal fitness Physical & mental wellness break
Departure Time: <u>1:45pm</u> Transportation details: Walk to main field where START LINE is To: <u>EOM</u>	Return Time: <u>2:50pm</u> Transportation details: Race will be complete by 2:50pm. Return to class then usual transportation home. Place: <u>EOM</u>
In case of late return or other inquiries Contact Name: <u>Ms. Port</u> Contact Phone: <u>613-592-3361</u> Cost per Student: \$ <u>25.00 (online)</u> is due by: <u>ONLINE REGISTRATION ONLY (due: MAY 8)</u>	
Requirements for Field Trip Participants: Lunch/Snack: <u>have a good lunch & bring a fruit and/or protein snack for afterwards</u> Special Clothing/Equipment: <u>running shoes, athletic wear, sun glasses, sunscreen, hat</u> Other: <u>DRESS FOR THE WEATHER!! **rain or shine**</u>	

Principal Signature: W. [Signature]

Date: April 15, 2019

Teacher: EOM COLOUR RUN
Class Code: ONLINE PAYMENT ONLY

Payment Method:
 cash cheque online

TO PARENT OR GUARDIAN: THIS IS AN IMPORTANT FORM.
SELECT YES OR NO, COMPLETE, SIGN, AND RETURN THE FORM TO THE SCHOOL.

☐ **YES** I give permission

☐ **NO I DO NOT** give permission

to the Ottawa-Carleton District School Board for the following student to participate in the field trip activity (description): _____

Scheduled to take place on or about (date): May 28th, 2019 Cost per Student: \$ 25.00 (online)

Name of Student: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Medical Information:

Indicate any medical information or dietary restrictions that the supervising teacher needs to know.

Medical Consent: Should it become necessary for my child/ward to receive medical care, I hereby authorize the teacher to use his/her best judgement in obtaining such care. I/we understand that any costs will be my/our responsibility. I also understand that in the case of accident or illness I will be notified as soon as possible.

Elements of Risk: Any out of school activities may involve certain elements of risk. Injuries may occur while participating in the activities related to this field trip. The chance of injury can occur without any fault of the student, the school board, its employees/agents or the facility where the activity is taking place. I/we understand that any costs will be my/our responsibility as the OCDSB does not provide accident insurance coverage for student injuries that occur during school activities.

ACKNOWLEDGEMENT:

I have received, read, and understand all of the above, and give, or do not give, as indicated above, permission for my child/ward to participate in this activity.

Signature of Parent/Guardian: _____

Date: _____

I wish to volunteer for this trip:

☐ **YES**

☐ **NO**

Name: _____ Phone: _____

Personal information on this form is collected under the authority of sections 58.5(1) and 265(d) of the Education Act, R.S.O. 1990, c.E2, as amended, and in accordance with section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act. It will be used for the purpose of managing student learning and well-being. Questions about this collection should be directed to the school principal.