

Parent/Guardian Permission for Excursion

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

School: Marc Garneau Collegiate Institute Telephone: 416-396-2410
Teacher(s): Katerina Rigas Grade/Class: Grades 9-12
Student: Date of Excursion: Thurs. Oct. 29th 2020

Nature of Activity: Canadian Open Math Challenge (COMC) Math Contest

Destination: Online Math Contest completed at Student's Home Residence under supervision of Teacher via Zoom

To Parents and Guardian:

The purpose of this form is to inform you about the excursion and to seek your support and permission for your child/ward to participate. This information may be shared as necessary with adults supervising the excursion.

This is an important document. Please ensure that someone is able to translate and explain this document to you.

Purpose of the excursion: To complete an Online Math Contest (COMC)

Itinerary

Program/itinerary: Students will sign-out at 11:00 am and travel to their home via method of parent/guardian choice. The COMC will begin at 12:00 pm and end at 2:30 pm.

Departure from School: Date Thursday October 29th 2020 Time 11:00 am

Return to School: Date n/a Time

In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.

Method of Travel

☐ TDSB bus ☐ Public transit ☐ Commercial vehicle
☐ Private vehicle(adult driver)* ☐ Private vehicle(Student driver)*

*Approval of the principal is required for all volunteer drivers. The school will make every effort to ensure that parent/guardian consent is obtained for each excursion for students to travel in private vehicles.

Requirements for Participants

Food/snacks: Money:

Notebook: Clothing and equipment:

Other: Personal Computer and Internet Access at Home Residence

As part of the excursion, students will be participating in the following high-care activities. These activities involve increased risk or special safety considerations, or require special qualifications or certification for supervision. Appropriate supervision will be provided.

Accommodation (if required) Phone #

Financial Arrangements

Total cost per student: \$25 Deposit required: \$ Payable to: MGCI – Already Paid via Cash Online

Excursion Staff

Teacher: Katerina Rigas School contact during the excursion: 416-396-2410

Staff Supervisors:

Volunteer Supervisors (if known):

Teacher Katerina Rigas Signature Katerina Rigas Date October 19th 2020

Administrator Carlo Di Felice Signature Date

**Please sign in either the YES or the NO box and return
this form to the teacher by: Monday October 26th 2020**

YES

I/we give permission for my/our child/ward, _____, to participate
in the excursion

to _____ on (date) _____

Emergency Contact: _____ Emergency Phone Number: _____

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) _____, private vehicle
(student driver) _____ who has been authorized by the principal.

Parent Signature _____

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may
lead him/her to require special attention during the activity? _____

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best
judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we
also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian _____
(printed name of parent/guardian)

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

I wish to volunteer on this trip: Yes _____ No _____

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)

NO

I/we do not give permission for my/our child, _____, to
participate in the excursion to _____ on
(date) _____

Name of Parent/Guardian _____
(printed name of parent/guardian)

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)