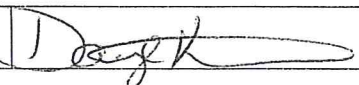




OCDSB 122: Parental Consent for Trip Participation

RETAIN THIS PAGE FOR YOUR INFORMATION. PLEASE SIGN AND RETURN THE ATTACHED PAGE.

School: West Carleton Secondary School	School Phone: 613-832-2773
Lead Trip Supervisor/Teacher(s): K. Lay, K. Faw	
Class/Subject Area: SBI 3U	Educational Purpose of Field Trip: Gain greater understanding of biodiversity and evolutionary relationships between taxa
Activity: Self-guided tour Alternate assignment to complete	Risk associated with activity: Low-risk Tripping hazard
Date of Field Trip: Wed., Nov. 1, 2017	
Departure Time: 8:00am Transportation details: Bus To: Museum of Nature	Return Time: 2:15pm Transportation details: Bus Place: WCSS
In case of late return or other inquiries Contact: School	Phone: 613-832-2773
Cost per Student: \$ 19 is due by at sign-up	
Requirements for Field Trip Participants: <input checked="" type="checkbox"/> Lunch/Snack <input type="checkbox"/> Special Clothing/Equipment: <input checked="" type="checkbox"/> Other: money for gift shop item if so desired	
Principal Signature:	

To Parent or Guardian:

This is an important form and must be returned to the school regarding this field trip.

INSTRUCTIONS:

Please complete and sign in the YES or NO section below and return the form to the school.

YES

I give permission to the Ottawa-Carleton District School board for the following student to participate in the field trip activity Museum of Nature trip (description)
Scheduled to take place on or about Wed. Nov 1/17 (date).

Name of Student: _____

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.

I wish to volunteer for this trip: ☐ No ☐ Yes

Phone: _____

ACKNOWLEDGEMENT:

I have received, read, and understand all of the above, and give permission for my child/ward to participate in this activity.

Signature of Parent/Guardian: _____ Date: _____

NO

I do not give permission for my child/ward _____ (name) to participate in the field trip activity _____ (description) scheduled to take place on or about _____ (date). I understand that the trip is not compulsory and that any student not participating shall attend school.

Signature of Parent/Guardian: _____ Date: _____