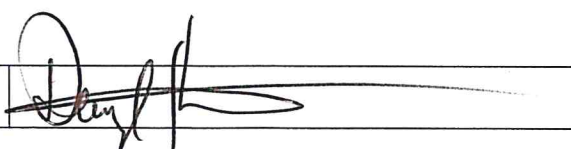




## OCDSB 122: Parental Consent for Trip Participation

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

School: WCSS	School Phone: 613-832-2773
Lead Trip Supervisor/Teacher(s): Lise Brule & Jen Stewart	
Class/Subject Area: Discovery Day Event - Grades 10-12 to Escape Room Kanata	Educational Purpose of Field Trip: Enhance transferrable skills (ie. Communication, Problem Solving, Teamwork, Critical Thinking) and provide a Wellness Day for Students.
Activity: Unlocked - An Escape Room Activity in Kanata & Games Room	Risk associated with activity: Low
Date of Field Trip: November 1 2017	
<b>Departure</b>  Time: 9:55 am  Transportation details: OCDSB Bus to Site  To: 329 March Road	<b>Return</b>  Time: 12:45 pm  Transportation details: OCDSB Bus to WCSS  Place: WCSS
<b>In case of late return or other inquiries</b> Contact: Lise Brule	Phone: 613-832-2773
Cost per Student: \$ 25 is due by October 30 2017	
Requirements for Field Trip Participants: <input checked="" type="checkbox"/> Lunch/Snack <input type="checkbox"/> Special Clothing/Equipment: <input type="checkbox"/> Other:	
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 \_\_\_\_\_ (description)

Scheduled to take place on or about \_\_\_\_\_ (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:** \_\_\_\_\_