



APPENDIX E - OUT OF SCHOOL PARENTAL PERMISSION/INFORMED CONSENT FORM

Category 2 Activity Day (Day Trip off school property using transportation)

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE
AND/OR BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT.**

The _____ is arranging _____
(name of school) (description of activity and dates)

Students will be travelling by _____ departing the school at _____ and returning at _____.

The trip is linked to the following curriculum expectations:

The student should come prepared with: _____

The cost of the trip is \$ _____ which includes: _____

Dear Parent/Guardian:

Please take a moment to review and complete the following.

Student name: (print) _____

Parent/Guardian name: (print) _____

Medical conditions that should be taken into consideration for this trip: _____.

In case of emergency, you will be contacted at the number that you have provided the school upon registration. If you wish to be contacted at a different number on this day, please provide it here _____.

In case of serious student misconduct during this trip, the staff in charge will have the authority to dismiss the student and contact you to pick them up at the location of the activity. Parents will be responsible for any applicable costs.

ELEMENTS OF RISK:

Educational activity programs, such as _____ involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in _____:

(describe activity)

1. _____

2. _____

3. _____

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The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in _____ on _____, you must understand that you bear the responsibility for any injury that might occur. In case of serious student misconduct during this trip, the staff in charge will have the authority to dismiss the student and contact you to pick them up at the location of the activity. Parents will be responsible for any applicable costs.

The Catholic District School Board of Eastern Ontario does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student:_____ Date:_____

Signature of Parent/Guardian:_____ Date:_____

PERMISSION

I give _____ permission to participate in the _____ to be held on or about
(name of student) *(description of activity)*

_____.
(date)

Signature of Parent/Guardian: _____ Date:_____