

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

Out-of-School Learning Experience

ELEMENTARY SCHOOL STUDENT TRIP INFORMATION & CONSENT FORM

FORM B

PART 1 – TRIP INFORMATION

TO BE RETAINED BY THE PARENT/GUARDIAN

To the Parent/Guardian – Permission has been granted by the Principal to have the students participate in the Out-of-School Learning Experience described below. Should this trip be cancelled due to unforeseen circumstances, the student/parent is liable for the costs. To have your son/daughter participate in the trip, please complete **PART 2 below and return it to the school as soon as possible.**

The Board’s Out-of-School Learning Experiences Policy and Procedures can be referenced on the Board Website, www.hwcdsb.on.ca

SCHOOL St. Augustine Catholic School	DATE(S) OF TRIP Sept 2018– June 2019	MODE OF TRANSPORTATION Walking
DESTINATION(S) Name: Neighbourhood and Venues within walking distance including St. Augustine Parish and the Dundas Driving Park		COST PER STUDENT NIL
TIME OF DEPARTURE FROM SCHOOL SITE varies	APPROXIMATE TIME OF ARRIVAL BACK TO SCHOOL before 2:55 p.m.	
PURPOSE(S) OF THE OUT-OF-SCHOOL LEARNING EXPERIENCE 1. To enhance and support variety of curriculum areas 2. Physical activity		
STUDENTS SHOULD COME PREPARED WITH School uniform		

Parent/Guardian to cut-off form here and retain Part 1; Return only Part 2 (below) to school

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

PART 2 – PARENT/GUARDIAN CONSENT

TO BE RETURNED TO THE SCHOOL

To the Hamilton-Wentworth Catholic District School Board and the Principal of:

_____ School

As the parent(s)/Guardian(s) of (print name in full _____)

I/We hereby request that the above named student be permitted to participate in the trip to

(destination) _____

INDIVIDUALIZED ACCOMMODATION PLAN REQUIRED NO YES (PLEASE SEE ATTACHED FORM)

ONLY TO BE COMPLETED IF PRIVATE MOTOR VEHICLE IS USED. I/We hereby give permission for the above named student to be transported in a vehicle driven by another parent:

Signature(s):

Date

Signature of Parent(s)/Guardian(s)

Student Home Telephone Number _____

Emergency Telephone Contact: Name _____

Telephone _____

NOTE – THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE SUPERVISING TEACHER/ADVISOR AT LEAST 3 DAYS PRIOR TO THE TRIP/ACTIVITY. (Teacher Permission Form must also be included)

The personal information and personal health information requested and contained within this form is being collected, used, retained and disclosed pursuant to the *Municipal Freedom of Information and Protection of Privacy Act: R.S.O. 1990 last amendment 2007* and the *Personal Health Information Protection Act : R.S.O. 2004 last amendment 2009* by the Hamilton-Wentworth Catholic District School Board in accordance with the *Education Act: R.S.O. 1990 last amendment 2009* and its regulations for the provision of education and education-related programs and services, including excursions. Any questions regarding the collection, use, retention and disclosure of personal information by the School or the Board may be directed to the Principal of the School.

**INFORMED CONSENT FORM
FOR OUT-OF-SCHOOL LEARNING EXPERIENCES
Elementary and Secondary Students**

This form must be read and signed (without amendment) for any student attending the educational out-of-school learning experience. **To ensure participation, return to the school/supervising teacher. Students WILL NOT be allowed to participate if the form is not signed and returned.**

ELEMENTS OF RISK: Educational activity programs, such as **Neighborhood walks** involve(s) certain inherent elements of risk. Injuries may occur while participating in these activities. Injuries may occur while travelling or participating in these activities. The potential inherent risks that may result from participation include but are not limited to: physical contact with other people, hard surfaces, flying objects, rapid movements, and quick turns and stops, physical exertion, fatigue and exhaustion, dehydration, exposure to weather conditions including sun exposure, extreme heat, extreme cold, site hazards, e.g. heights, water, noise, transportation, equipment and materials, electricity and chemicals, environmental conditions, including exposure to fauna, flora, insects and wildlife, failure to remain within designated areas and supervised activities.

The following includes, but is not limited to the types of injuries which may result from participating in this activity (list as appropriate): bruises, cuts and scrapes, sprains and strains, breaks and fractures, concussion, sun exposure, frostbite, insect bites/stings, rashes, serious and life-threatening injuries and death.

By choosing to take part in this activity I understand that my child may be exposed to certain risks and accidents and injuries may occur.

The potential inherent 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. Refer to Ontario Physical and Health Education Association (OPHEA) website (www.ophea.net).

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity; i.e., listening attentively, etc. If you choose to participate in this activity you must understand that you bear the responsibility for any injury that might occur. The Hamilton-Wentworth Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT AND PERMISSION:

I/We have read the above and agree to assume the risks associated with our child/myself participating in the out-of-school learning experience.

Signature of Parent/Guardian*:

Date: _____

*If the student is 18 years of age or older and has signing authority designated by the student's parent/guardian, the student's signature only is required.

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