

Educational Field Trips and Off-Site Activities Parental Information/Consent Form (this is a two-sided form)

508-7

This form may be used for blanket permission for teams or groups that travel regularly, or for students taking school walking trips from time to time.

A. PARENTAL INFORMATION

School:	Phone:					
Destination of Trip:						
Time Frame or Specific Dat	es:					
Educational Objectives:						
Mothod of Transportations						
Method of Transportation:	· · · · · · · · · · · · · · · · · · ·					
Teacher-in-Charge:						
Emergency Contact Name/nu	mber: <i>Please call the school (</i> #	above) and we will contact the	teacher-in-charge of the trip			
		Student's Cost:	Online payment preferred			
Activities/Special Considerati	ons:					
setting. Students in serious violation of the sent home. Expenses incurred in sending	n educational field trip or off-site activity are exp e school's Code of Conduct or board policies rr students home shall be the responsibility of th on immediately. A decision may be made by th	hay, at the discretion of the teacher-in-charg re parent/guardian. All incidents of this type i	e, in consultation with the principal, be must be reported by the principal to			
	(Please detach Part A a					
3	(Please complete part B and ret					
PARENT CONSENT FORM	(to be retained by the principal)		Cash			
Name of Student:		Grade/Course:	Cheque			
			Online			
Destination of Trip:						
Time Frame or Specific Dates	S:					

MEDICAL AND EMERGENCY INFORMATION: The information submitted in September on the Admission Form will be used. Any changes must be communicated to the school. Out-of-province health costs will be the responsibility of the parent if not part of the travel company's package. The Upper Grand District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance for students participating in field trips or off-site activites. This may be provided by personal coverage or by purchasing Student Accident Insurance. Student Accident Insurance information is available on the board website at www.ugdsb.ca/parents/accident-insurance/.

Check the box if the student has a LIFE-THREATENING MEDICAL CONDITION PLAN OF CARE on file with the school.

Indicate any special instructions for the trip:

I understand that, in the event of a medical emergency, a medical practitioner and/or an employee of the Upper Grand District School Board can authorize emergency care for my child. Such authorization will only be granted when a serious condition exists, and the medical practitioner(s) and/or an employee of the Upper Grand District School Board has been unable to contact the parent(s)/guardian(s).

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Parent/guardian signature is required on opposite side....



ADDITIONAL INFORMATION

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these activities. The safety as possible. The chance of have inherent risks which	and well-being of students is a prior of injury can be reduced by participar are beyond the control of the Upper	ity and attempts are m nts carefully following ir Grand District School I	ade to manage th nstructions at all t Board, its employe	ne foreseeab imes while e ees or agent	ble risks inherent engaged in the a ts, or the facility	es, accidents may occur while participating in field trip and off-site activities as effective ctivity. The activities listed below, and other where the activity is taking place. Participan ted with these and other activities have bee	ly s, ts	
Sample Activities		Inherent Risks						
* Ice surface activities (e.g., curling, skating, hockey)	Broken bones, he	ead injuries	Ot	ther:	(specific to activity)		
**Skiing, Snowboarding		Head and dental				(specific to activity)		
Swimming		Drowning, head i						
Rock climbing walls		Back and spinal						
Wilderness camping		Sunburn, insect l	oites/stings, stra	ains and sp	orains, drownin	ng		
		Drowning						
** Helmets are manda I have read the inform and related activities.		ownhill skiing.	s outlined on th	nis form, ar		who go onto the ice surface. my child may participate in this field trip)	
Signature of Parer	t/Guardian:				Date:			
Would you like to be	e contacted if we require sup	ervisors?	YES	NO				
Revised: 2021 08 Retention: 1 year	impending trip or off-site activity. U of education and administrative su	lsers of this informatior pport staff. This form w	n will be the princi vill be retained for	pal/vice-prin	ncipal, appropriat	se is to obtain parental/guardian consent for te volunteers, school support staff, superinte te of the trip. A records destruction notice wi tact person for queries concerning this	ndent	