



Hamilton-Wentworth Catholic District School Board
Believing. Learning. Serving.

**Out-of-School Learning Experience
 Elementary and Secondary Students
 Student Trip Information & Permission Form**

Form A

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. Please read the information below and return the bottom permission portion by the due date as indicated. If a non-refundable deposit/payment is required for this trip, the parent/guardian acknowledges that neither the Board nor any employee bears liability for the deposit/payment once paid, if the child is unable to attend, or if the trip is cancelled due to any unforeseen circumstances. The Board's Out-of-School Learning Experiences Policy and Procedures can be referenced on the Board Website, www.hwcdsb.on.ca.

TRIP DETAILS

School Name:	Our Lady of Mount Carmel CES
Date(s) of Trip:	Tuesday, May 14th
Cost per Student:	\$5
Mode of Transportation:	Bus – the cost of the bus is being offset by the RNEF. The cost of this trip is non-refundable once paid.
Destination Name, Address and Contact Number:	Bishop Ryan Catholic SS 1824 Rymal Road East
Time	9:00 a.m. – 12:30 p.m.
Purpose of the Out-of-School Learning Experience:	Attend a production of The Sound of Music performed by the students at Bishop Ryan
Students should come prepared with:	Uniform

-----Detach and Keep the Top Portion and Return the Bottom Portion to School-----

PARENT/GUARDIAN PERMISSION

To have your son/daughter participate in the trip, please complete the bottom portion of this form and return it to the school/teacher no later than

To the Hamilton-Wentworth Catholic District School Board and the Principal of (name school): Our Lady of Mount Carmel CES		
Print student name in full:		
I/We hereby request that the above-named student be permitted to participate in the trip to: The Sound of Music		
Payment Type: N/A		
<input type="radio"/> CASH SUITE please Date Payment was made: _____		
Signature of Parent/Guardian:*	Phone Number:	Date:
Emergency Contact Name:	Phone Number:	
<i>SPECIAL REQUIREMENTS ONLY (See below)</i>		
Individualized Allergy/Anaphylaxis/Health Accommodation/Action Plan Required (Check if needed & Attach Copy)		
<p>The personal information and personal health information requested and contained within this form is being collected, used, retained and disclosed pursuant to the <i>Municipal Freedom of Information and Protection of Privacy Act: R.S.O. 1990 last amendment 2007</i> and the <i>Personal Health Information Protection Act : R.S.O. 2004 last amendment 2009</i> by the Hamilton-Wentworth Catholic District School Board in accordance with the <i>Education Act: R.S.O. 1990 last amendment 2009</i> 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.</p>		

**INFORMED CONSENT/PERMISSION FORM FOR EDUCATIONAL TRIPS
Elementary and Secondary Students**

Our Lady of Mount Carmel CES will make available the opportunity to participate in an out of school experience The Sound of Music

THIS FORM MUST BE READ AND SIGNED (WITHOUT AMDENDMENT) FOR ANY STUDENT PARTICIPATING IN THE EDUCATIONAL TRIP. STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN THE TRIP IF THE FORM IS NOT SIGNED.

ELEMENTS OF RISK: Educational activity programs may involve certain elements of risk. Injuries may occur while travelling or participating in these activities. The risk of sustaining these types of injuries results 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 **The Sound of Music** 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:

We/I have read the above and agree to assume the risks associated with our child/myself participating in the trip.

Signature of Parent/Guardian*: _____

Date: _____

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