



**Out-of-School Learning Experience
Elementary and Secondary Students**

Student Trip Information & Permission Form

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
Date(s) of Trip:	Tuesday, May 7 th , 2019
Cost per Student:	\$7.00 (non-refundable)
Mode of Transportation:	School Bus
Destination Name, Address and Contact Number:	Marydale Park (5999 Chippewa Rd E, Mount Hope, ON L0R 1W0)
Time of Departure from School Site:	8:45am
Approximate Time of arrival back at school:	2:30pm
Purpose of the Out-of-School Learning Experience:	Spring Cross Country
Students should come prepared with:	Running shoes, layered clothing, hat, sunscreen, and plenty of food and water. Please wear your OLMC spirit shirt (if you have one).

-----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/supervising teacher no later than **Friday, May 3rd, 2019**

To the Hamilton-Wentworth Catholic District School Board and the Principal of (name school): Our Lady of Mount Carmel
Print student name in full:

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

Payment Type:
<input type="radio"/> CASH SUITE
Date payment was made: _____

Signature of Parent/Guardian:*	Phone Number:	Date:
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Emergency Contact Name:	Phone Number:
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SPECIAL REQUIREMENTS ONLY (See below)

Individualized Allergy/Anaphylaxis/Health Accommodation/Action Plan Required (Check if needed & Attach Copy)

Volunteers: If you wish to volunteer for this trip and have a current and valid police check on file at the school, please check the box. Volunteers will be determined on a first come, first served basis.

****Please note:** Due to space on the bus, volunteers may be responsible for their own transportation. This depends on final the number of students attending the trip.

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.



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

Our Lady of Mount Carmel CES will make available the opportunity of participating in an out-of-school learning
(Name of School)
experience to Marydale Park to its students on Tuesday, May 7th, 2019.
(Description of Activity) *(Date of Activity)*

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 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 a trip to Marydale Park on Tuesday, May 7th, 2019, you must
(Description of Activity) *(Date of Activity)*
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.**