



REQUEST FOR PARENT/GUARDIAN PERMISSION – DAY EXCURSIONS

Dear Parents and Guardian:

The purpose of this form is:

1. To inform you of the nature of this program
2. To seek your support and permission for your child to participate

Staff Organizer(s): K. Douthwaite Grade(s): 7/8

Date/Time of Departure from School: Every Thursday (beginning Jan. 19) @ 12:20

Date/Time of Return to School: Every Thursday @ 9:40

Destination: Springer Market Square Method of Travel: Walk

Physical Description of the Area to be Visited: Skating rink

Activities to be Undertaken: Skating

Educational Purpose: Physical education

Total Cost per student: N/A

Prior to the school trip, there will be classroom time devoted to establishing safety procedures.

ELEMENTS OF RISK

Educational activity programs, such as sporting events, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury or illness through no fault of the school board or the facility at which the activity or event is being held. Participants **MUST** assume these risks, including exposure to COVID 19. The Algonquin and Lakeshore Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.

ACKNOWLEDGEMENT: WE HAVE READ AND UNDERSTAND THESE WARNINGS

Parent/Guardian Signature: _____ Student Signature: _____

Staff Organizer Signature: [Signature] Principal Signature: [Signature] *If over 18 years old*

PERMISSION FORM: TO ATTEND/NOT ATTEND THIS DAY EXCURSION

I give I do not give _____ permission to participate in
(Name of Student)
Skating to be held at: Springer Market Square
(name of venue)

Parent/Guardian Signature: _____ Date: _____