

DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD

EVENT #

PARENTAL/GUARDIAN PERMISSION FORM FOR SPECIALIZED ACTIVITIES

St Luke School is arranging the event/activity described below.

THIS FORM MUST BE SIGNED FOR STUDENTS WHO WISH TO PARTICIPATE.

To Parents and Guardians: The purposes of this form are: 1) to inform you of the nature of the program; and 2) to seek your support and permission for your child to participate.

Teacher: _____ Grade: _____ School Phone #: 905-274-2760

Date(s): _____ (Times) Departure: _____ Return: _____

Destination(s): _____

Method of Travel: _____ Cost for Student: _____

Educational Purpose(s): _____

Physical description of the area to be visited (e.g. lake, park, river, etc.): _____

Activities to be undertaken: _____

Requirements: Lunch: _____ Money: _____ Notebook: _____ Other: _____

Clothing: _____

The visit will be supervised by: _____

NOTE TO PARENTS: Prior to the visit, there will be classroom time devoted to establishing safety procedures. If your child has, or has had any previous or current health problems which might affect his/her comfort or safety, would you please give full particulars in writing, and telephone the teacher to discuss it.

Date: _____ Teacher in charge: _____ Principal: _____
Please Print *Please Print*

Please sign this form, and return it to the school no later than: _____
Date

ELEMENTS OF RISK: Educational activity programs, such as sporting events or activities, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. Participant must assume these risks.

The Dufferin-Peel 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.

Signature of student *Date* *Signature of parent/guardian or student 18 years or older* *Date*

PERMISSION: I give my permission for my child (Name): _____
to participate in the _____ to be held at _____
_____ on _____.

Signature of Parent/Guardian or Student 18 years or older *Date*