



**PARENT/GUARDIAN INFORMATION FORM**  
**FOR OUT-OF-SCHOOL LEARNING EXPERIENCES**  
Elementary and Secondary Students

**THIS FORM SHOULD BE RETAINED BY PARENTS/GUARDIANS**

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 attached form by the due date as indicated.

**If a non-refundable deposit/payment is required for this out-of-school learning experience, the parent/guardian acknowledges that neither the HWCDSB nor any employee bears liability for the deposit/payment once paid, if the child is unable to attend, or if the out-of-school learning experience 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](http://www.hwcdsb.on.ca).

<b>School Name:</b>	Immaculate Conception
<b>Destination Name, Address and Contact Number:</b>	Ontario Science Centre
<b>Date(s) of out-of-school learning experience:</b>	Thursday, January 25, 2018
<b>Cost per Student:</b>	\$23.00
<b>Mode of Transportation:</b>	School Bus
<b>Time of departure from school:</b>	9:15 a.m.
<b>Approximate Time of return to school:</b>	5:00 p.m. (approx.) – <i>Please note this is an extended day and parents are asked to be at the school for 5:00 p.m. to pick up your child.</i>
<b>Purpose of the out-of-school learning experience:</b>	Curriculum links to Science Program
<b>Additional details:</b>	Wear uniform? Yes X No <input type="checkbox"/> Bring own lunch? Yes X No <input type="checkbox"/> Other: Bagged nut free lunch and snacks
<b>Water activities:</b>	Yes <input type="checkbox"/> No X If yes, details: canoeing/kayaking

**ALL PERMISSION FORMS AND FEES ARE DUE NO LATER THAN 3 DAYS BEFORE THE OUT-OF-SCHOOL LEARNING ACTIVITY. LATE SUBMISSIONS MAY NOT BE ACCEPTED.**



## PERMISSION FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCES Elementary and Secondary Students

<b>PRINT STUDENT'S FULL NAME:</b>	
School Name:	<b>Immaculate Conception</b>
Destination Name, Address and Contact Number:	<b>Ontario Science Centre</b>
Date(s) of out-of-school learning experience:	<b>Thursday, January 25, 2018</b>
Cost per Student:	<b>\$23.00</b>
Mode of Transportation:	<b>School Bus</b>
Time of departure from school:	<b>9:15 a.m.</b>
Approximate Time of return to school:	<b>5:00 p.m. (approx.) – Please note this is an extended day and parents are asked to be at the school for 5:00 p.m. to pick up your child.</b>
Purpose of out-of-school learning experience:	<b>Curriculum links to Science Program</b>
Additional details:	Wear uniform? Yes X No <input type="checkbox"/> Bring own lunch? Yes X No <input type="checkbox"/> Other: <b>Bagged nut free lunch and snacks</b>
Water activities:	Yes <input type="checkbox"/> No X      If yes, details: canoeing/kayaking

<b>Payment Type:</b> <input type="checkbox"/> <b>On-Line Payment Receipt Number</b> _____ <b>(preferred payment method)</b> <input type="checkbox"/> <b>Payment Attached</b>	
I/We hereby request that the above-named student be permitted to participate in this activity.	
<b>Signature of Parent/Guardian:*</b> _____	<b>Date:</b> _____
<small>*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.</small>	
<b>Contact Phone Number:</b> _____	
Emergency Contact Name: _____	Relationship to student: _____
Emergency Contact Phone Number: _____	
<b>Specialized Requirements:</b> Please specify and check all that apply: Allergy/Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	

For out-of-country out-of-school learning experiences, I have consulted all Health warnings/advisories via the local Health Department and/or Foreign Affairs and International Trade Canada Travel Report and Warnings website: <https://travel.gc.ca/travelling/advisories>.

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. 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.

## INFORMED CONSENT FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCES Elementary and Secondary Students

This form must be read and signed (without amendment) for any student attending the educational out-of-school learning experience. To ensure participation, return to the school/supervising teacher by Thursday, January 18, 2018 (due date). **Students WILL NOT be allowed to participate if the form is not signed and returned.**

**ELEMENTS OF RISK:** Educational activity programs, such as Ontario Science Centre involve(s) certain inherent elements of risk. Injuries may occur while participating in these activities. Injuries may occur while travelling or participating in these activities. The potential inherent risks that may result from participation include but are not limited to: physical contact with other people, hard surfaces, flying objects, rapid movements, and quick turns and stops, physical exertion, fatigue and exhaustion, dehydration, exposure to weather conditions including sun exposure, extreme heat, extreme cold, site hazards, e.g. heights, water, noise, transportation, equipment and materials, electricity and chemicals, environmental conditions, including exposure to fauna, flora, insects and wildlife, failure to remain within designated areas and supervised activities.

The following includes, but is not limited to the types of injuries which may result from participating in this activity (list as appropriate): bruises, cuts and scrapes, sprains and strains, breaks and fractures, concussion, sun exposure, frostbite, insect bites/stings, rashes, serious and life-threatening injuries and death.

By choosing to take part in this activity I understand that my child may be exposed to certain risks and accidents and injuries may occur.

The potential inherent 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](http://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 this activity 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:

I/We have read the above and agree to assume the risks associated with our child/myself participating in the out-of-school learning experience.

**Signature of Parent/Guardian\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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