

**PARENT/GUARDIAN PERMISSION FORM
FOR OUT-OF-SCHOOL / EXTRA CURRICULAR ACTIVITIES**

_____ School
is arranging the out-of-school/excursion activity described below.

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE
AND/OR BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT**

The purpose of this form is:

1. To inform you of the nature of the out-of-school/excursion activity.
2. To seek your support and permission for your child to participate.

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

| | | |
|---|--|----------------------------|
| Teacher: _____ | Grade(s): _____ | School Phone: _____ |
| Events/Activities to be undertaken: _____ _____ _____ | | |
| Date(s): _____ | Departure Time: _____ | Return Time: _____ |
| Educational Purpose(s): _____ | | |
| Destination(s): _____ | | |
| Physical description of the area to be visited (e.g., lake, park, river): _____ _____ _____ | | |
| Method of Travel: _____ | | Cost for Student: \$ _____ |
| Requirements: | Lunch Money Notebook Other: _____ | |
| Clothing: _____ | | |
| The event/activity will be supervised by: _____ | | |

Please complete, in full, the acknowledgement and permission to participate sections on the back of this page.

NOTE TO PARENT(S)/GUARDIAN(S): Prior to the out-of-school/excursion activity, there will be classroom time devoted to establishing safety procedures. If your child has, or has had any previous or current health concerns which might affect his/her comfort or safety, please complete and submit the HEALTH AND SAFETY INFORMATION AND MEDICAL CONSENT FORM.

The acknowledgement and permission to participate sections below must be completed in full.

ELEMENTS OF RISK: Educational activity programs, such as sporting events, field trips, excursions and other activities and programs, 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. **Participants must assume these risks.**

The following class activities, including and not limited to, are identified as having the potential for more serious consequences: alpine skiing/snowboarding, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, swimming, wrestling, and/or field events: high jump, shot put. The safety and well-being of students is a prime concern and all attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please contact the school to discuss any sport specific safety concerns you may have.

NOTE TO STUDENT/PARENT(S)/GUARDIAN(S): 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.

The Dufferin-Peel Catholic District School Board distributes Student Accident Insurance to the Parent/Guardian/Student, annually.

I acknowledge that the Dufferin-Peel Catholic District School Board does not provide accident or life insurance for students.

I acknowledge that I have received a copy of the student accident insurance brochure.

Signature of Student

Date

Signature of Parent/Guardian or Adult Student

Date

PERMISSION: I give permission for my child, _____ ,
to participate in:

(Name of out-of-school/extracurricular activity)

to be held at: _____ ,
(Location)

On the following date(s): _____ .

Signature of Parent/Guardian

Date