



# INFORMED CONSENT DAY TRIP - WALKING OR BUS TRIP -

Please keep this portion handy for reference.

Class: Grade 7 Location/Description: Tuck Creek - Will have option to walk IN creek

Purpose of Trip/Subject Science - Perform an Ecological Sampling  Walking  Bus

Trip Date: October 9th 2018 Departure Time: 2:05 pm Return Time: 3:40 pm

Staff involved: Collinson plus three other teachers per period

Cost per Student: Free

Items Required:  Lunch  Water  Sunscreen  Bag/Knapsack  Outdoor Clothing  Rain Gear

Volunteer Supervisor(s) are not required:  **OR**  Volunteer Supervisors are required

Other information: Students will be instructed in class about clothing and equipment required, this will be posted as well.

Collinson  
Trip Coordinator

Ms. S. Priestner  
Principal



Please detach and return permission and payment before: October 1st 2018

Any out of school experience may involve extra hazards and certain elements of risk beyond those of normal school routines. Please reinforce the need for extra care and cooperation. The risk of sustaining injuries results from the nature of the activity and can occur without any fault of the student, the school board, or its employees/agents. By choosing to take part in this activity you are accepting the risk that your child may be injured.

I have read the above and give permission for my child(ren) to participate in this event.

Destination: Tuck Creek - Will have option to walk IN creek Date of trip: October 9th 2018

Student Name: \_\_\_\_\_ Class / Group: Grade 7

Amount: Free  School Cash Online  Cheque  Cash

<p>Medical Information:  <input type="radio"/> Yes <input type="radio"/> No The medical information about my child has changed since September.          If "yes", I will provide a new Medical Information form to the office</p>	<p>Details:</p>
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Volunteers:  I would like to volunteer as a Supervisor

Yes, I have a Criminal Record Check & "Vulnerable Sector Screening" or recent Offense Declaration completed and on file in the office.

Parent/Guardian Name: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent / Guardian Signature\*\* \_\_\_\_\_

Date \_\_\_\_\_

\*\* If the student is 18 yrs or over, the student may sign in lieu of parent.

**NOTE:** The Halton District School Board does not provide accident insurance coverage for student injuries. The Board makes available the insuremykids® Protection Plan through Reliable Life. For more information visit: [www.insuremykids.com](http://www.insuremykids.com) According to Provincial legislation, passengers who are injured would recover Accident Benefits coverage from their own or a parent's automobile policy. In the absence of a personal or family automobile policy, the passenger would then be eligible to recover benefits from the insurance policy covering the vehicle in which they were riding.