

Parent/Guardian Permission for Excursion

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

School: **AYJ Global Summer School** in cooperation with Continuing education in the Toronto District School Board

Teacher(s): AYJ Global Staff

Course: _____

Student: _____ Date of Excursion: during the summer session

Nature of Activity: Integral part of the course of study

Destination: **city and environs**

To Parents and Guardian:

The purpose of this form is to inform you about the excursion and to seek your support and permission for your child/ward to participate. This information may be shared as necessary with adults supervising the excursion.

This is an important document. Please ensure that someone is able to translate and explain this document to you.

Purpose of the excursion: part of the **AYJ Global Summer School Credit Program**

Itinerary

Program/itinerary: To be determined by availability of appropriate of local sites

Departure from School: Date **to be announced** Time **08:30 am**

Return to School: Date **same day** Time **04:30 pm**

In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.

Method of Travel

Public transit and / or Commercial vehicle

*Approval of the principal is required for all volunteer drivers. The school will make every effort to ensure that parent/guardian consent is obtained for each excursion for students to travel in private vehicles.

Requirements for Participants

Food/snacks: student responsibility

Money: student responsibility

Notebook: student responsibility

Clothing and equipment: student responsibility

Event Entry Fees: student responsibility

As part of the excursion, students will be participating in the following high-care activities. These activities involve increased risk or special safety considerations, or require special qualifications or certification for supervision. Appropriate supervision will be provided. Controlled street and trail hiking

Health/Ability Considerations (if required) _____

Financial Arrangements

Total cost per student: \$ Variable: student responsibility

Deposit required: \$ None Payable to: Not required

Excursion Staff

Teacher: Course teacher

School contact during the excursion: School Coordinator

Staff Supervisors: Course Teacher

Volunteer Supervisors (if known): s available or required

Teacher _____ Signature _____ Date _____

Administrator _____ Signature _____ Date _____



Please complete and sign in either the YES or the NO box then return this form to the course teacher.

YES

I/we give permission for my/our child/ward, {PRINT} _____, to participate in the excursion

to **the city and environs**

Emergency Contact: **Canada** _____ Emergency Phone Number: _____
Emergency Contact: **HK/TP** _____ Emergency Phone Number: _____

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) _____, private vehicle (student driver) _____ who has been authorized by the principal.

Parent Signature _____

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may lead him/her to require special attention during the activity? _____

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian _____
(printed name of parent/guardian)

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)

NO

I/we **do not** give permission for my/our child, {PRINT} _____, to participate in the excursion

to **city and environs**

Name of Parent/Guardian _____
(printed name of parent/guardian)

Signature of Parent/Guardian _____ Today's date: _____
(or student, if 18 years old or older)



WAIVER

(For High-care excursion and Life-Threatening Medical Conditions)

ELEMENTS OF RISK

The choice to participate in the excursion brings with it the assumption of risks and results, which are part of the activity. In particular the nature and location of some excursions are such that hospital and medical support are not readily available. The AYJ Global and the Toronto District School Board do not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of its students. Participants must assume these risks. Students are urged to have student accident insurance.

I/we hereby release and discharge the Toronto District School Board and its Trustees, employees and agents from any claims, causes of action, demands for damages, indemnity or costs arising from the student's participation in the above noted excursion and related activities. I/we confirm the I/we have read and understood the Parent/Guardian Permission for excursion form in its entirety, and hereby consent to the student's participation in the excursion.

Is there any medical reason why your child/ward should not participate in the excursion, or which may lead them to require special attention during the excursion?

If YES please give information and instructions: _____

I give my permission for _____ to
{PRINT STUDENT'S FULL NAME}

participate in the **AYJ Global** excursions for the duration of the summer session .

Dated: _____
YYYY/MM/DD

PRINT: name of parent/guardian _____

SIGN: name of parent/guardian _____