

Parent/Guardian Permission for Excursion

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School: Earl Haig S. S. Telephone: 416-395-3210

Teacher(s): Mr. Andre Wittmann & Ulupi Vasavada

Grade/Class: HZT4U1-01 and half of HZT4U1-02

Student _____ Date of Excursion: Wednesday November 06, 2019 (9am – 1pm)

Nature of Activity: Academic research workshops

Destination: Toronto Reference Library

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: Workshop and seminar on how to research academic philosophical sources

Itinerary

Program/itinerary: Workshop and seminar presented by library researcher

Departure from School: Date Wednesday November 06, 2019 Time 9:00am

Return to School: Date Wednesday November 06, 2019 Time 1:00pm

Please note that students will not be supervised by Earl Haig SS staff during the travel and lunch portions of this excursion.

Method of Travel

TDSB bus

Public transit

Commercial vehicle

Private vehicle(adult driver)*

Private vehicle(Student driver)*

*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: _____ Money: TTC fare

Notebook: Notebook and pen or laptop computer Clothing and equipment: _____

Other: _____

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. _____

Accommodation (if required) _____ Phone # _____

Financial Arrangements

Total cost per student: \$0.00 Deposit required: \$0.00 Payable to: _____

Excursion Staff

Teacher: Mr. Andre Wittmann & Ulupi Vasavada School contact during the excursion: Mr. Brian Clarke

Staff Supervisors: Mr. Andre Wittmann

Volunteer Supervisors (if known): _____

Teacher A. Wittmann Signature _____ Date Oct. 01/19

Administrator A. COLAVITA Signature _____ Date Oct. 21, 2019

Please sign in either the YES or the NO box and return this form to the teacher by: Tuesday November 05, 2019

YES

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

to Toronto Reference Library on (date) Wednesday November 06, 2019 (9am – 1pm)

Emergency Contact: _____ 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 _____

I give my child permission to travel without Earl Haig S.S. staff supervision both to and from excursion venue and to lunch unsupervised.

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.

I wish to volunteer on this trip: Yes _____ No _____

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, _____, to

participate in the excursion to Toronto Reference Library on (date) Wednesday November 06, 2019 (9am – 1pm)

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

Signature of Parent/Guardian _____ Today's date: _____