

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

Teacher(s): Mr. Andre Wittmann & Ulupi Vasavada Grade/Class: HZT4U1-03 and half, HZT4U1-02

Student \_\_\_\_\_ Date of Excursion: Wednesday November 06, 2019 (12:30pm – 3:30pm)

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 12:30pm

Return to School: Date Wednesday November 06, 2019 Time 3:30pm

**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 [Signature] Date Oct. 01 /19

Administrator A. COLAVITA Signature [Signature] Date Oct. 21 /19

**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 (12:30am – 3:30pm)

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 (12:30am – 3:30pm)

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_