

		AL PERMISSION FORM
	 will be taking students to)
	 Students will be travelling by	
departing the school at expectations:	•	The trip is linked to the following curriculum
The student should come prepared with	th	
The cost of the trip is \$ which	includes	
Dear Parent/Guardian:		
Please take a moment to complete the trip without your signature.	e following and sign the pern	mission form. Students will not be allowed to attend the
Student name: (print)		
Parent/Guardian name: print)		
Medical conditions that should be take	n into consideration for this	s trip:
		ou have provided the school upon registration. If you ovide it.
		charge will have the authority to dismiss the student a nts will be responsible for any applicable costs.
activity. Accidents may occur without agents, or the facility where the activity following instructions at all times while preparing students for this activity. The	any fault on either part of the y is taking place. The chance engaged in the activity. The Peterborough Victoria Nor	risk. An accident may occur while participating in this he student, or the School Board or its employees or nee of an accident occurring can be reduced by careful he staff has taken every reasonable precaution in orthumberland and Clarington Catholic District School perment or medical expenses insurance on behalf of th
	e my son/daughter is capabl	vith the nature of the activities in which my son/daughted ble physically and emotionally of participating in this trip
Signature of Parent/Guardian		Date
2018/02		