



OUT-OF-SCHOOL PARENTAL PERMISSION FORM
Category 3 Activity (Overnight Trip using transportation)

_____ will be taking students to _____
on _____. Students will be travelling by _____
departing the school at _____ and returning at _____. The trip is linked to the following curriculum
expectations: _____

The student should come prepared with _____

The cost of the trip is \$_____ which includes _____

The students will be staying at _____

Dear Parent/Guardian:

Please take a moment to complete the following and sign the permission form. Students will not be allowed to attend this trip without your signature.

Student name: (print) _____

Parent/Guardian name: (print) _____

Medical conditions that should be taken into consideration for this trip: _____

In case of emergency, you will be contacted at the number that you have provided the school upon registration. If you wish to be contacted at a different number on this day, please provide it. _____

In case of serious student misconduct during this trip, the staff in charge will have the authority to dismiss the student and contact you to pick him/her up at the location of the activity. Parents will be responsible for any applicable costs.

Educational activities such as these involve a certain element of risk. An accident may occur while participating in this activity. Accidents may occur without any fault on either part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. The staff has taken every reasonable precaution in preparing students for this activity. The Peterborough Victoria Northumberland and Clarington Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this trip. Parents/guardians of a student participating in out-of-province trip are advised to purchase adequate medical insurance in case of emergency.

I have read the information regarding this trip, and I am familiar with the nature of the activities in which my son/daughter will be participating. To my knowledge my son/daughter is capable physically and emotionally of participating in this trip. I give permission for my child to take part in this activity.

Signature of Parent/Guardian _____ **Date** _____