Toronto District School Board

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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: Silverthorn Collegiate Institute Telephone: 416-394-7010

Teacher(s): Mr. J. Arnott Grade/Class: N/A

Student: _____ Date of Excursion: Fri. May 5th to Sun. May 7th

Nature of Activity: Overnight Leadership Camp

Destination: Etobicoke Outdoor Education Centre in Albion Hills Conservation Area, Bolton, Ontario

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: Students gain a greater understanding of group dynamics, improve interpersonal skills expand collaborative problem solving, and critical thinking skills in group situations.

Itinerary

Program/itinerary: Leadership Activities

Departure from School: Date Friday May 5, 2017 Time: Campers: 4:30 p.m. Leaders: 2:00 p.m.

Return to School: Date Sunday May 7, 2017 Time 2:00 p.m.

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

☑ TDSB bus (grade 9's). ☐ Public transit. ☐ Commercial vehicle. ☑ Private vehicle (adult driver - leaders). ☑ Private vehicle(Student driver - leaders)*

*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

All food/snacks provided. Money: N/A

Notebook: Learning materials will be provided Clothing and equipment: List to be distributed by teacher prior to departure date.

Other: If prescribed by a physician, the student must bring an Epi-pen and/or asthma inhaler with them for the excursion.

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. Trust Falls and lifts

Accommodation Separate female and male dorm wings with a supervising staff member in each wing. Phone # 905-880-1890

Financial Arrangements

Total cost per student: $ Campers: **$125.00.** Leaders who did **not** attend the 2017 training weekend**: $125.00.** Leaders who **did** attend the 2017 training weekend: $37.00. Payment can be made **on-line** or in the Main Office **By Cash or Debit Only**, **No Cheques**

Excursion Staff

Teacher: Mr. J. Arnott. School contact during the excursion: Mr. J. Arnott

Staff Supervisors: Mr. Arnott, Ms. Attwell, Mr. Athia, Ms. Elango,

Volunteer Supervisors (if known): _____

Teacher Mr. J. Arnott Signature _____ Date March 10/17

Administrator Susan Hantzakos Signature _____ Date March 10/17

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Please sign in either the YES or the NO box and return this form to the teacher by: Thursday April 20th, 2017

fill out all starred sections

YES

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

in a Leadership Camp weekend at the Etobicoke Outdoor Education Centre on (date) Friday May 5th to Sunday May 7th (2017)

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 * _____

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 _____ on

(date)_____

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

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

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Fill out all starred sections

Medical Information Form

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.*

The following information will be helpful to the teacher in making your child/ward comfortable and safe .

Student: * _____ Date of Birth: * _____

Teacher: _____ Grade/Class: * _____

Parent/Guardian: * _____ Telephone: (H) * _____ (B) * _____

Ontario Health Number: * _____ Family Doctor: * _____ Telephone: * _____

* Medical Conditions

Please indicate any significant medical conditions, physical limitations, or any other concerns that might affect your child's/ward's full participation in excursions/school activities.

- ☐ Asthma
- ☐ Chronic Nosebleed
- ☐ Diabetes
- ☐ Digestive upsets
- ☐ Ear, Nose, Throat infections
- ☐ Fainting Spells
- ☐ Feet or Leg problems
- ☐ Hemophilia/Bleeding disorders
- ☐ Heart problems
- ☐ Hernia
- ☐ History of head injuries
- ☐ Migraine
- ☐ Rash
- ☐ Recent illness or operation
- ☐ Other _____
- ☐ Rheumatic Fever
- ☐ Seizures
- ☐ Sleepwalking
- ☐ Urinary infections
- ☐ Dislocated shoulder; swollen, painful joints; 'trick or lock' knee or other joint disability

Give details of usual treatment for each of the above conditions indicated: _____

Please explain if your child/ward has any medical condition that requires any modification of his/her program. _____

* Allergies/Asthma

Please list all known confirmed allergies to the following: (Food, Medications, Bees, Wasps, Environmental Allergies, etc.)

_____

If the allergies are life-threatening, please explain the symptoms and the treatment: _____

Has your child/ward suffered any serious allergic or asthmatic reaction?

If so, please provide details, including the type and severity of reaction: _____

Is allergy considered: Mild____ Moderate____ Serious____ Life-Threatening____

Has a doctor prescribed an Epi-Pen for your child/ward? Yes____ No____ (Prescribed epi-pens must be carried by the student)

Has a doctor prescribed an inhaler for any reason? Yes____ No___ (Prescribed asthma inhalers must be carried by the student)

* Dietary Restrictions

Please indicate with an "X" any foods your child/ward should not eat for medical, dietary, or religious reasons:

Nut	Beef	Pork	Chicken	Turkey	Fish	Dairy	Dairy as an Ingredient	Milk	Milk as an Ingredient	Egg	Egg as an Ingredient	Is there any other information about your child's dietary needs that we should know? (e.g., No meat on Tuesday)	Does your child require Halal?	
													X (No)	√ (Yes)

* Medication

Does your child/ward take prescribed medication on a regular basis? Please specify: _____

What prescribed medication(s) should your child/ward have with him/her during the excursion? _____

* General

(1) Does your child/ward wear or carry medical alert identification (e.g., bracelet)? Yes____ No____

If yes, please specify what is written on it: _____

(2) Does your child/ward have any other relevant medical condition that will require modification of the program? Yes____ No____

If yes, please explain: _____

(3) Does your child/ward have any special fears or conditions (e.g., anxiety, bed-wetting, nightmares), the knowledge of which will allow the teacher to make the student's excursion more relaxed? Yes____ No____ If yes, please explain: _____

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

Name of Parent/Guardian: * _____ *(Please print)*

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