



## OCDSB 905 Parental Consent for Overnight Trip Participation Form

**NOTE:** A completed, signed copy of this form must be provided to the parent/guardian or student if over the age of 18 years in advance of the overnight field trip or student exchange.

### Overnight Trip Information

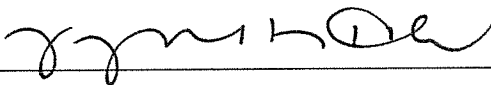
Name of School: Colonel By
Description of Activities: Grade 10 Leadership Camp
Supervisor(s): Cam Baird, Scott Virgo, Saul Mogelonsky, Stacey Kutschke, Laurie Labelle, Sarah Storey, Rachel Nakashoji, Mike Dempsey

### Elements of Risk:

Overnight Field Trips may present various elements of risk, as may various forms of related transportation including air flight. Accidents related to such activities may occur and cause injury to a student or students through no fault of the school board, a transporter or of a facility at which activities take place. By choosing to have your child participate in this activity, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced when students carefully follow instructions at all times while engaged in the activity. In addition to inherent transportation risks, unforeseeable political unrest and disasters may occur. The potential risks in this trip are:

a)	
b)	
c)	

The Ottawa-Carleton District School Board does not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity.

Location of medical and back-up facilities:	Pembroke Regional Hospital 705 Mackay St. Pembroke (613) 732-2811
Departure Date: 04/04	Departure Time: 6:45
Via: Bus	
To: Camp Smitty	
Return Date: 05/04	Return Time: 5:30
Via: Bus	
Place: Colonel By	
In case of late return or for other inquiries contact: Phone Number: Cam Baird 613 277-1555	
Cost of Tour/Exchange: \$ 165	
Signature of Principal:	

To Parent or Guardian:

This is an important form and must be returned to the school regarding this field trip.

**INSTRUCTIONS:**

Please complete and sign in the YES or NO section below and return the form to the school.

**YES**

I give permission to the Ottawa-Carleton District School board for the following student to participate in the field trip activity \_\_\_\_\_ (description)  
Scheduled to take place on or about \_\_\_\_\_ (date).

Name of Student: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone : \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information:**

Indicate any medical information or dietary restrictions that the supervising teacher needs to know.

**Medical Consent:** Should it become necessary for my child/ward to receive medical care, I hereby authorize the teacher to use his/her best judgement in obtaining such care. I/we understand that any costs will be my/our responsibility. I also understand that in the case of accident or illness I will be notified as soon as possible.

**Elements of Risk:** Any out of school activities may involve certain elements of risk. Injuries may occur while participating in the activities related to this field trip. The chance of injury can occur without any fault of the student, the school board, its' employees/agents or the facility where the activity is taking place. I/we understand that any costs will be my/our responsibility as the OCDSB does not provide accident insurance coverage for student injuries that occur during school activities.

I wish to volunteer for this trip:  No  Yes

Phone: \_\_\_\_\_

**ACKNOWLEDGEMENT:**

I have received, read, and understand all of the above, and give permission for my child/ward to participate in this activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NO**

I do not give permission for my child/ward \_\_\_\_\_ (name) to participate in the field trip activity \_\_\_\_\_ (description) scheduled to take place on or about \_\_\_\_\_ (date). I understand that the trip is not compulsory and that any student not participating shall attend school.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_