



**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: Glashan Public School
Description of Activities: Quebec City 2017
Supervisor(s): Ruth Elias, Cristin Graham, Sharon Kuiper, Mark Wilson, Dan Pharand, Renee Blais, Ron Sloan, Marian Victor, Andrew Tomkinson and 14 adults

**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)	Traffic accidents
b)	Circus School
c)	Being lost

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:	Hotel-Dieu de Quebec 11 Cote du Palais 1-418-691-5151
Departure Date: May 10, 2017	Departure Time: 6:30 AM
Via: Bus	
To: Quebec City	
Return Date: May 12, 2017	Return Time: 7:30
Via: Bus	
Place: Quebec City	
In case of late return or for other inquiries contact: Ruth Elias Phone Number: 1-613-614-2250	
Cost of Tour/Exchange: \$ 440 has been paid	
Signature of Principal: <i>J. Taylor</i>	

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: \_\_\_\_\_