



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:
Description of Activities:
Supervisor(s):

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:	
Departure Date:	Departure Time:
Via:	
To:	
Return Date:	Return Time:
Via:	
Place:	
In case of late return or for other inquiries contact: Phone Number:	
Cost of Tour/Exchange: \$	
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: _____