



OTTAWA-CARLETON  
DISTRICT SCHOOL BOARD

## OCDSB 122: Parental Consent for Trip Participation

RETAIN THIS PAGE (PAGE 1) FOR YOUR INFORMATION.

PLEASE **SIGN AND RETURN THE ATTACHED PAGE (PAGE 2)**.

|   |   |
|---|---|
| School:   | Lead Trip Supervisor/Teacher:   |
| Date of Field Trip:   | Rain Date:  |
| Class/Subject Area:   | Activity:   |
| Risk Associated with the Activity:  | Educational Purpose of Field Trip:  |
| <p style="text-align: center;"><b>Departure</b></p> Time:<br>Transportation details:<br><br>To:   | <p style="text-align: center;"><b>Return</b></p> Time:<br>Transportation details:<br><br>Place: |
| <b>In case of late return or other inquiries</b><br>Contact Name: _____ Contact Phone: _____<br>Cost per Student: \$ _____ is due by: _____ |   |
| Requirements for Field Trip Participants:<br><br>Lunch/Snack:<br><br>Special Clothing/Equipment:<br><br>Other:                              |   |

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher:  
Class Code:

Payment Method:  
\_cash \_cheque \_online

TO PARENT OR GUARDIAN: THIS IS AN IMPORTANT FORM.  
**SELECT YES OR NO, COMPLETE, SIGN, AND RETURN THE FORM TO THE SCHOOL.**

**YES** I give permission

**NO I DO NOT** 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):

Cost per Student: \$

Name of Student:

Phone:

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.

**ACKNOWLEDGEMENT:**

**I have received, read, and understand all of the above, and give, or do not give, as indicated above, permission for my child/ward to participate in this activity.**

**Signature of Parent/Guardian:**

**Date:**

**I wish to volunteer for this trip:**

YES

NO

Name:

Phone:

*Personal information on this form is collected under the authority of sections 58.5(1) and 265(d) of the Education Act, R.S.O. 1990, c.E2, as amended, and in accordance with section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act. It will be used for the purpose of managing student learning and well-being. Questions about this collection should be directed to the school principal.*