



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:
Departure	Return
Time: Transportation details:	Time: Transportation details:
To:	Place:
In case of late return or other inquiries	
Contact Name:	Contact Phone:
Cost per Student: \$	is due by:
Requirements for Field Trip Participants:	
Lunch/Snack:	
Special Clothing/Equipment:	
Other:	

Principal Signature:

Date:

