



INFORMED CONSENT / PERMISSION FORM FOR FIELD TRIPS (Students under 18 years)

Participants: Grade 8 Central Students
Description of Activity: Camp Kawartha Water Systems Trip
Date(s) of Trip(s): May 29th - Hetherington Ave May 30th - Beaggs Branch May 31st - Coombe and any extra
Location: Camp Peterborough Kawartha in Peterborough
Mode of Transportation (if personal vehicle, name of driver): Bus

THIS TRIP IS SANCTIONED AND APPROVED BY THE APPROPRIATE TRILLIUM LAKELANDS DSB OFFICIALS.

[Signature]
Signature of Staff

[Signature]
Signature of Principal

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY THE PARENT / GUARDIAN OF THE PARTICIPATING STUDENT.

ELEMENTS OF RISK:

Educational activity programs, such as the activity described above involve elements of risk. Injuries may occur while participating in these activities. The chance of a student being injured can be reduced if your student behaves respectfully and appropriately and carefully follows instructions at all times while engaged in the activity.

If you choose to participate in the activity described above on the date listed, you must understand a condition of your student's participation is that you bear the responsibility for any injury that might occur.

Trillium Lakelands District School Board does not provide accident insurance coverage for student injuries that occur on school premises or during school activities. The Board makes available an Accident and Life insurance program through Reliable Life Insurance Company. Participation is voluntary and costs are to be paid by the parent or guardian. You may apply directly at www.insuremykids.com or by calling toll free 1-800-463-5437.

ACKNOWLEDGEMENT AND PERMISSION:

I HAVE READ THE ABOVE. I UNDERSTAND THAT IN PERMITTING MY STUDENT TO PARTICIPATE IN THE ACTIVITY DESCRIBED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH MY STUDENT'S PARTICIPATION IN THE ACTIVITY. I HAVE REVIEWED WITH MY STUDENT THE NEED TO ACT RESPECTFULLY AND APPROPRIATELY AND TO CAREFULLY FOLLOW THE INSTRUCTIONS OF SUPERVISORS OF THE ACTIVITY.

I acknowledge that I have read and accepted the terms of the foregoing paragraph and I give my student permission to participate in the activity described above on the date listed.

Specify any health considerations and/or special diet restrictions:

Name of Student (Print Clearly)
Signature of Student
Signature of Parent / Guardian

Grade

Student Number
Date
Date