

 PARENT CONSENT/PERMISSION FORM FOR EDUCATION TRIPS

(Students Under 18 Years)

THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT

**Assumption College Grade 9 Girl Day,** of Brant Haldimand Norfolk Catholic District School Board will be participating in **a Grade 9 Girl Day on Monday September 24th, 2018, here in the gym at Assumption College School. There is no cost to the student.**

**ELEMENTS OF RISK:**

Educational activity programs involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in **Girl Day Event** on September 24th, 2018, you must understand that you bear the responsibility for any injury that might occur.

The Brant Haldimand-Norfolk Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

The Brant Haldimand Norfolk Catholic District School Board strongly advises that all students participate in the STUDENT ACCIDENT INSURANCE PLAN offered by Reliable Life Insurance Company and which covers participants for all accidents. 24 hours per day, every day during the full policy term.

 **ACKNOWLEDGEMENT**

WE HAVE READ THE ABOVE, WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

 **PERMISSION**

I give permission to participate in the **­­­­­­­­\_Grade 9 Girl Day \_\_\_**

*(Name of Student)*

to be held on Monday September 24th, 2018.

Signature of Parent/Guardian: Date:­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BRANT HALDIMAND NORFOLK CATHOLIC DISTRICT SCHOOL BOARD**

HEALTH FORM

**Assumption College School**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Night Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: For all education field trips, it is the parent/guardian's option as to whether or not the student carries the Ontario Health Card. Photocopies of cards or numbers without cards are not acceptable. Hospitals and physicians have an obligation to treat a person in need of medical assistance even if the person is not carrying his/her card.

***Do Any of the Following Conditions Apply to this Student?***

Allergies: (Please circle) Drug Food Plant Insect Environmental Other

Anaphylaxis: \_\_\_\_ Asthma: \_\_\_\_ Diabetes: \_\_\_\_ Epilepsy: \_\_\_\_ Heart Condition: \_\_\_\_

Recent Illness/Operation: \_\_\_\_ Rash: \_\_\_\_ Contact Lenses: \_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Details of Above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Describe Any Food Restrictions: (e.g. religious, vegetarian, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this Student Require Medication, Please Describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional information that you feel might be of some assistance to the teacher to ensure the safety of this student.

* I have read the itinerary and I am familiar with the nature of trip my son/daughter is proposing to take. To my knowledge my son/daughter is capable physically and emotionally of participating in education field trips.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_