

###### OVERNIGHT URBAN AREAS- CITIES TRIP FORM

INFORMATION - CONSENT TO PARTICIPATE

**TRIP INFORMATION:**

1. Site to be Visited: Washington

2. Location: Washington, D.C.

3. Date of Trip: April 20 – April 24, 2016 Time leaving: 9:30am Return time: 9:00pm

4. Purpose of Trip: Experience American History and Culture

5. Student Activities: Historical Museums and Monuments, Baseball Game,

6. Method of Transportation: Motor Coach

7. Supervision: Mrs. Cheal, Mrs. Smith, Mr. Gellatly and Mr. Kennedy,

1. Cost of Trip: $895.00
2. Deposit: **$250.00 Due** 🡺 **September 25, 2015 (Deposit is NON-REFUNDABLE)**
3. Final Payment: **$645.00 is Due January, 22nd, 2016**

# STUDENT ACCIDENT INSURANCE NOTICE

The Halton Catholic District School Board does not provide any accidental death, disability, dismemberment, and medical/dental expenses insurance on behalf of the students participating in the activity. For coverage of injuries, you may wish to consider the STUDENT ACCIDENT INSURANCE PLAN made available by the school to parents at the beginning and throughout the school year.

# OUT OF PROVINCE /COUNTRY MEDICAL INSURANCE

Provision must be made for Health Care Insurance, Extended Blue Cross or equivalent for each participant involved in activities that occur out of province/country.

## ELEMENTS OF RISK

The Educational activity programs, being offered, involve certain elements of risk. Accidents may occur while participating in this activity. These accidents may cause injury. A few examples of the type of injuries, which one is at risk of having, occur while participating in an urban areas- cities trip are:

1. Weather related (e.g., sunburn, frostbite)
2. Pedestrian/Traffic related (e.g., bumps, bruises, to more serious injuries affecting the head neck, or back. Some injuries could lead to paralysis or prove to be life threatening)
3. Activity related (e.g., minor strains and sprains to more serious injuries).
4. Environmental related (e.g. mosquito bites/West Nile Virus).

These accidents result from the nature of the activity and can occur without any fault on either the part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. By choosing to participate in the activity, you are assuming the risk of an accident occurring.

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

### ACKNOWLEDGEMENT

I/we have read the above and understand that participating in the above activity we are assuming the risks associated with doing so.

Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#### PERMISSION AND BEHAVIOUR AGREEMENT

I/we give permission for my son/daughter/ward to participate in the above activity.

I/We agree to pay any damages that may be occasioned through the misconduct or carelessness of my son/daughter/ward to the person or property of any other party or parties.

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

##### REQUIRED SIGNATURES FOR PARTICIPATION

 EMERGENCY CONTACT- MEDICAL INFORMATION

**This form must accompany the teacher during the trip**

**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **TEACHER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE:** \_\_\_\_\_\_\_

**EMERGENCY CONTACT: List order to call 1-2-3**

\_\_\_\_\_Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT MEDICAL INFORMATION:**

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:

Please specify what is written on it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First aid procedures in case of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of last tetanus immunization ***(for overnight trips only)***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If your son/daughter/ward has a medical condition (e.g. asthma, anaphylaxis, type 1 diabetes, type 2 diabetes epilepsy, concussion, other) that will affect full participation on the trip, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First aid procedures in case of incident or contact supervising teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. What medication(s) (prescription and non-prescription) should your son/daughter/ward have with them, take during the field trip? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When should the medication be taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who should administer the medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Specify any other physical limitations your son/daughter/ward has that may affect their full participation with activities. Provide pertinent details or contact supervising teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MEDICAL SERVICES AUTHORIZATION - (OPTIONAL SIGNATURE TO PARTICIPATE)**

Every reasonable effort will be made by the school/hospital to contact parents/guardians before any medical services are provided. In cases where contact is tried but not made I/we give consent for medical personnel to administer medical and/or surgical services including anaesthesia and drugs.

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

**This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990,**

**c. M-56 and the *Personal Health Information Protection Act,* 2004, S.O. 2004, c.3, Sch. A.**

**If you have any questions regarding your child’s personal information please contact the Principal of your child’s school**