



**Educational Field Trips  
Parental Information/Consent Form  
(this is a two-sided form)**

**508-2**

**Day Trip**

**Overnight Trip**

**Aquatics**

**International**

**A. PARENTAL INFORMATION**

**School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Destination of Trip:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Return Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Educational Objectives:** \_\_\_\_\_

**Method of Transportation:** \_\_\_\_\_

**Teacher(s)-in-Charge:** \_\_\_\_\_

**Emergency Contact Name/number:** Please call the school and we will contact the Teacher-in-charge of the trip

**Student's Cost:** \_\_\_\_\_ Online payment preferred

**Activities/Special Considerations:** \_\_\_\_\_

**BEHAVIOUR:** Students participating in an Educational Field Trip are expected to meet the same standards of behaviour as required in the regular school setting. Students in serious violation of the school's Code of Conduct or Board policies, may, at the discretion of the Teacher-in-Charge, in consultation with the Principal, be sent home. Expenses incurred in sending students home shall be the responsibility of the parent/guardian. All incidents of this type must be reported by the Principal to the appropriate Superintendent of Education immediately. A decision may be made by the Principal regarding the need for further disciplinary action.  
(Please detach Part A and keep for reference)



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(Please complete part B and return to the school immediately)

**B. PARENT CONSENT FORM** (to be retained by the principal)

**Cash**

**Cheque**

**Online**

**Name of Student:** \_\_\_\_\_ **Grade/Course:** \_\_\_\_\_

**Destination of Trip:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_

**MEDICAL AND EMERGENCY INFORMATION:** The information submitted in September on the Admission Form will be used. Any changes must be communicated to the school. Out-of-Province health costs will be the responsibility of the parent if not part of the travel company's package. The Upper Grand District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance for students participating in Field Trips. This may be provided by personal coverage or by purchasing Student Accident Insurance. Student Accident Insurance applications are available in the school office.

**Check the box if the student has a LIFE-THREATENING MEDICAL CONDITION PLAN OF CARE on file with the school.**

**Indicate any special instructions for the trip:** \_\_\_\_\_

I understand that, in the event of a medical emergency, a medical practitioner and/or an employee of the Upper Grand District School Board can authorize emergency care for my child. Such authorization will only be granted when a serious condition exists, and the medical practitioner(s) and/or an employee of the Upper Grand District School Board has been unable to contact the Parent(s)/Guardian(s).

**Parent/Guardian signature is required on opposite side....**



Educational Field Trips  
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**SIDE TWO**

508-2

**ADDITIONAL INFORMATION**



**INHERENT RISKS:** The risk of injury exists in every Field Trip activity. However, due to the very nature of some activities, accidents may occur while participating in these activities. The safety and well-being of students is a prime concern and attempts are made to manage the foreseeable risks inherent in Field Trip activities as effectively as possible. The activities listed below, and others, have inherent risks which are beyond the control of the Upper Grand District School Board, its employees or agents, or the facility where the activity is taking place. Participants must assume the inherent risks of the activity and liability should an accident/incident occur. Please note that not all risks associated with these and other activities have been listed.

Sample Activities

\*Skating  
\*\*Skiing, Snowboarding  
Swimming  
Climbing Walls  
International Trips  
Wilderness Camping  
Boating

Inherent Risks

Broken bones, head injuries  
Head and dental injuries  
Drowning, head injuries  
Back and spinal injuries  
Related transportation risks including air flights, political unrest, threats of war or insurrection  
Sunburn, insect bites/stings, drowning, strains and sprains  
Drowning

**\* It is strongly recommended that parents provide a CSA approved helmet for their child for skating.**

**\*\* Helmets are mandatory for snowboarding and downhill skiing.**

I have read the information supplied, understand and accept the conditions outlined on this form, and agree that my son or daughter may participate in this trip and related activities.

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

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

Would you like to be contacted if we require supervisors?

YES

NO

Revised: 2018 06  
Adopted 2006 03  
Retention: 1 year

The legal authority for the collection of this information is in the Education Act R.S.O. 1980. The purpose is to obtain Parental/Guardian consent for the impending trip. Users of this information will be the Principal/Vice-Principal, appropriate volunteers, school support staff, Superintendent of Education and administrative support staff. This form will be retained for one year from the return date of the trip. A Records Destruction Notice will be completed, and forwarded to the Records Management Officer, and the forms will be shredded. The contact person for queries concerning this information is the Principal.