



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: Castor Valley Elementary School <input type="checkbox"/>	Lead Trip Supervisor/Teacher: Chris Mott, Nicolas Boudreau, Anne-Sophie Perreault., Chris Hammel, Megan Iwanowski, Courtney Van Rijn and Terry McMahon
Date of Field Trip: February 8th, 2024	Rain Date: No Rain Date/Same Date
Class/Subject Area: Gym/DPA/Social Studies	Activity: Dow's Lake(Rain Confed Park)
Risk Associated with the Activity: Medium	Educational Purpose of Field Trip: Experience outdoors and Ottawa culture and Foods.
Departure Time: Transportation 9:45 · BUS details: Depart from Castor Valley ES	Return Time: Transportation 1:30 details: Depart from Dow's Lake (IF RAINING Confederation Park)
To: Dow's Lake	Place: Castor Valley ES
In case of late return or other inquiries Contact Name: Tracy Snarr Contact Phone: 613-821-1272 Cost per Student: \$ 6.50 is due by: February 4th	
Requirements for Field Trip Participants: Lunch/Snack: Light lunch Special Clothing/Equipment: Skates Helmet if Skating Other: If not skating you are still welcome you can hike and visit the different displays on ice.	

Principal Signature:

Date:

January 9,

TO PARENT OR GUARDIAN: THIS IS AN IMPORTANT FORM.
SELECT YES OR NO, COMPLETE, SIGN, AND RETURN THE FORM TO THE SCHOOL.

Teacher: Junior Teachers
Class Code: Junior Classes

Payment Method:
_Online (**Preferred**) _Cash _Cheque

☐ Practice and game schedule
is attached

☐ **YES** I give permission

☐ **NO I DO NOT** give permission

to the Ottawa-Carleton District School Board for the following student to participate in the field
trip activity (description): Dow's Lake(Rain Confed Park)

Scheduled to take place on or about (date): February 8th, 2024

Name of Student: _____ Cost per Student: \$ 6.50

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Medical Information:

Indicate any medical information or dietary restrictions that the supervising teacher needs to know.

Medical Consent: Should it become necessary for my child/ward to receive medical care, I hereby authorize the teacher to use his/her best judgement in obtaining such care. I/we understand that any costs will be my/our responsibility. I also understand that in the case of accident or illness I will be notified as soon as possible.

Elements of Risk: Any out of school activities may involve certain elements of risk. Injuries may occur while participating in the activities related to this field trip. The chance of injury can occur without any fault of the student, the school board, its employees/agents or the facility where the activity is taking place. I/we understand that any costs will be my/our responsibility as the OCDSB does not provide accident insurance coverage for student injuries that occur during school activities.

ACKNOWLEDGEMENT:

I have received, read, and understand all of the above, and give, or do not give, as indicated above, permission for my child/ward to participate in this activity.

Signature of Parent/Guardian: _____

Date: _____

I wish to volunteer for this trip:

YES ☐

NO ☐

Name: _____

Phone: _____

Personal information on this form is collected under the authority of sections 58.5(1) and 265(d) of the Education Act, R.S.O. 1990, c.E2, as amended, and in accordance with section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act. It will be used for the purpose of managing student learning and well-being. Questions about this collection should be directed to the school principal.