

Dofasco Park Trip

Dear Parents/Guardians,

Our annual trip to Dofasco Park is fast approaching. The trip will be taking place on Wednesday June 27th. This is a rain or shine trip as the park has both outdoor and indoor facilities available. The cost of the trip is \$5.00, please send the money in with the permission and emergency contact forms. A hot dog lunch by Harvey's will be provided. An alternative lunch of Roma cheese pizza will be provided for those students with alternative diets. The number of volunteers needed for the trip is limited due to the space available on the buses, your child's teacher will have more details regarding this. A few things to remember for the day of the trip are: sunscreen, sunglasses, hats, snacks, water, towels (we play in a giant sprinkler) and appropriate footwear as the students will be physically active. A new issue this year is Ticks, as Dofasco is a grassy area and the children will be playing on the grass please inspect your child's body for Ticks when they get home.

Looking forward to a great day,

Mr. O'Connell and Mrs. Wagner



PARENT/GUARDIAN CONSENT FORM

Please return this form to the school

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF ANY STUDENT PARTICIPATING IN THE EXCURSION AND/OR BY ANY PARTICIPATING STUDENT OVER 18 YEARS OF AGE. PLEASE COMPLETE THIS FORM, ARRANGE FOR PAYMENT, AND RETURN TO THE SCHOOL BY 22-Jun-2018

School: Adelaide Hoodless

Date of Excursion: Wednesday June 27, 2018

Location: Dofasco Park

Activity: Play Day

Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:

- 1. Slips, trips and falls
2. Sports related injuries
3. Heat and sun related injuries
4.

I/We acknowledge receipt of the letter dated 14-Jun-2018 from the school with respect to the upcoming student excursion. We authorize transportation by School Bus

I/We understand that excursions contain an element of risk and accidents may occur that may result in injury and/or loss without fault of either the student, or the school board, its' employees or the facility where the activity is taking place.

I/We understand that by choosing to allow the student to participate in this activity, you must understand that you bear the responsibility of for any injury that might occur. The chance of an injury occurring can be reduced by students carefully following instructions at all times while engaged in the activity.

I/We understand that Hamilton-Wentworth District School Board does NOT provide accidental death, disability, dismemberment or medical expense insurance on behalf of students participating in this activity. If you do not have private insurance coverage, Student Accident Insurance coverage is available and may be purchased through Reliable Life at 1-800-463-KIDS (5437) or online at www.insuremykids.com.

I/We grant permission to obtain medical treatment in the event of a medical emergency where attempts to make contact using the information provided to the school are not successful.

I/We understand that the School Code of Conduct as well as the Board's Code of Conduct on School Related Vehicles are in effect and will apply to all students at all times during this activity.

I/We understand that that neither Hamilton-Wentworth District School Board or the School will accept responsibility for any money not refunded by the service provider, nor for transportation costs incurred, should you subsequently decide not to permit the student to attend.

I/We understand Hamilton-Wentworth District School Board nor the School, will not be responsible for financial loss resulting from the cancellation of any school excursion by a Tour Company, Transportation Carrier or cancellation by the board.

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

I/WE GIVE PERMISSION FOR THE STUDENT TO PARTICIPATE IN THE ACTIVITY NOTED ABOVE.

Names of Student: Teacher:

Signature of Student (if over 18): Date:

Signature of Parent/Guardian: Date:

PLEASE CHECK BOX FOR METHOD OF PAYMENT: ONLINE CASH CHEQUE

I am interested in volunteering. Please contact me to initiate the volunteer screening process.



**STUDENT EMERGENCY MEDICAL/CONTACT
INFORMATION FORM**

Adelaide Hoodless

Please return this form to the school

Excursion Location: Dofasco Park

Date(s) of Excursion: Wednesday June 27th, 2018

Grade(s): FDK - Gr.8

Class/Course/Group: Phys. Ed

At the conclusion of this excursion/series of excursions, this form will be shredded by the school.

To be completed by the parent/guardian:

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

In the event of an emergency during this excursion, please list in order of priority who should be contacted:

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: _____ Life Threatening: Yes No

_____ Epipen: Yes No

Other Medical Conditions/Restrictions/Limitations: _____

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): _____

FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider: _____ Policy Number: _____

Provider Contact Telephone: _____ Proof of Coverage: Yes No

Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Hamilton-Wentworth District School Board and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: _____ Date: _____