

* Permission to Access Adjacent City Fields 2020/21



PARENT/GUARDIAN INFORMATION LETTER

School Phone: (289) 345-4555

Date 29-Sep-2020

Please keep this form at home for your information

Dear Parent/Guardian:

As an extension of the curricular program, the _____ is/are planning an excursion.

Location: Beverly Comm. Ctr and Surrounding Areas Activity: Outdoor Ed (P.E., DPA)

Date(s)/Time(s) Leaving the School: Various times throughout the day

Date(s)/Time(s) Returning to School: Before end of the school day (before 3:10 pm)

Transportation Method: Walking

Non-Staff Volunteers/Drivers will not _____ be participating in this activity.

The cost per pupil for the excursion is \$ 0.00

No payment is necessary.

Students are required to bring: follow instructions from teacher

The excursion is part of the regular school program. It is intended the students will learn:

Students will be learning various academic subjects, as well as Physical Education, and Daily Physical Activity (DPA) in an outdoor environment using City fields.

Expectations regarding student behaviour are the same as those for the regular school day. While we do not anticipate any problems, any serious breach of the School Code of Conduct on the part of the student may result in the student being sent home at the expense of the parent/guardian and further disciplinary action may be imposed.

Student information contained in your child's school records will be taken along on the excursion and will be used only in the case of an emergency. Please ensure the following elements in your child's student information record is up-to-date. **Notify the school office immediately of any changes:**

- *Parents/Guardians and Home Address/Phone Numbers*
- *Emergency Contact Names/Phone Numbers*
- *Medical/Health Concerns*

We are looking forward to an exciting and educationally enriching excursion. Please indicate your acceptance of the conditions outlined above by completing and returning to the school the attached consent form by **09-Oct-2020**

☐ Volunteers ☐ Volunteer Drivers ^{NOT} are needed. Please contact your child's teacher if interested.

Please contact your child's teacher or the School Principal if you have any concerns or if your child requires any special accommodations for this activity.

Sincerely,

Rockton Staff

(Teacher in Charge)

A handwritten signature in blue ink, appearing to read 'Paul Clemens'.

Paul Clemens

(Principal)

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**HAMILTON-
WENTWORTH**
DISTRICT
SCHOOL
BOARD

**STUDENT EMERGENCY MEDICAL/CONTACT
INFORMATION FORM**

Please return this form to the school

Excursion Location: Beverly Comm. Centre and Surrounding Areas

Date(s) of Excursion: Throughout the school year

Grade(s): All Grades

Class/Course/Group: All Groups

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"/>

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: _____

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used only in the event of an accident or illness of the student attending the excursion. Questions or concerns should be directed to the school principal.



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

School: Rockton

Date of Excursion: 9/30/20 to 6/29/21

Location: Bev. Comm. Ctr & Surrounding Area

Activity: Outdoor Ed, Phys. ed, DPA

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. Cuts, Abrasions
2. Pulled Muscles, Sprains
3. Broken Bones
4. Concussion

- I/We acknowledge receipt of the letter dated 29-Sep-2020 from the school with respect to the upcoming student excursion. We authorize transportation by walking
- 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.