

**DAY TRIP INFORMATION FORM  
CONSENT TO PARTICIPATE**

**TRIP INFORMATION:**

1. Site to be Visited:	Sheridan College - Gymnasium	
2. Location:	1430 Trafalgar Rd, Oakville, ON L6H 2L1	
3. Date of Trip: February 20, 2024	Time leaving: 9:30 am	Return time: 1:45 pm
4. Purpose of Trip: HCAA Junior and Senior Girls Volleyball Championship Games		
5. Student Activities: Spectators		
6. Method of Transportation: Busing		
7. Supervision: Corpus Christi teachers – TBA		
8. Cost of Trip: \$12.00 includes ticket and busing. Receipt of payment must be submitted with the permission form. Permission forms must be returned to the physed office by 8:15 am on February 20, 2024. Students are encouraged to bring a snack/lunch to the games.		

**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.

**ELEMENTS OF RISK**

The out-of-school educational activity programs, being offered, involve certain elements of risk. Accidents may occur while participating in out-of-school activities, which may cause injury or illness (e.g. students are advised to wear long sleeves, long pants, shoes and socks and an insect repellent on unprotected skin when participating in areas where there is a chance of being bitten by an infected mosquito with 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.

**COVID 19**

Students participating in physical activities could be participating in close proximity and may or may not wear masks. The Halton Catholic District School Board will be following the safety measures outlined by the Ministry of Education COVID 19: Health, safety, and operational guidance for schools as well as safety practices from the HCDSB Return to School 2021-2022 plans, guided by Public Health.

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

**PRIVATE MOTOR VEHICLES TRANSPORTATION AND INSURANCE**

The Halton Catholic District School Board recognizes that private motor vehicles may be used for some out-of-classroom trips. All volunteer drivers must complete the HCDSB AUTHORIZATION TO TRANSPORT STUDENTS PARTICIPATING IN SCHOOL ACTIVITIES form. The HCDSB requires all drivers to have a minimum of \$1 000 000 third party liability insurance coverage. The Board provides non-owned Automobile Liability Insurance for claims that exceed the owner's insurance while the vehicle is being operated on Board business. This coverage would respond to claims that exceed \$1 000 000.

**REQUIRED SIGNATURES FOR PARTICIPATION**

**ACKNOWLEDGEMENT**

I/We have read the above and understand that having my/our son/daughter/ward participate in the above activity we are assuming the risks associated with doing so.

Name of Student: \_\_\_\_\_

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

**PERMISSION AND BEHAVIOUR AGREEMENT**

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

I/We am aware of my/our legal responsibilities set out in the Parental Responsibility Act. Subject to the Parental Responsibility Act, I/We agree to pay any damages that may be occasioned through the misconduct or carelessness of my/our son/daughter/ward to the person or property of any other party or parties.

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

## EMERGENCY CONTACT - MEDICAL INFORMATION

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

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

**Emergency Contacts (listed in priority of contact) (please print):**

Name	Relationship	Daytime Phone	Alternate Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**CURRENT MEDICAL INFORMATION:**

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: \_\_\_\_\_

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

If your son/daughter/ward has a medical condition that will affect full participation on the trip, please specify:

(check (✓) all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> asthma          | <input type="checkbox"/> epilepsy        |
| <input type="checkbox"/> anaphylaxis     | <input type="checkbox"/> concussion      |
| <input type="checkbox"/> type 1 diabetes | <input type="checkbox"/> heart condition |
| <input type="checkbox"/> type 2 diabetes | <input type="checkbox"/> other: _____    |

Please Note: Emergency Treatment Procedures will follow instructions in Medical Condition Student Plan of Care.

Additional information (if required): \_\_\_\_\_

What medication(s) (prescription and non-prescription) - other than those for identified Medical Condition - should your son/daughter/ward have with them, take during the field trip? \_\_\_\_\_

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 under the authority of the Education Act s. 321, s.265 (1)(d), Sabrina's Law and Ryan's Law, in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.**

OFFICE USE ONLY: ☐ Meds. 1-P form completed and attached (if applicable)      ☐ Meds. 2-NP form completed (if applicable)