

DAY TRIP INFORMATION FORM
CONSENT TO PARTICIPATE

TRIP INFORMATION:

1. Site to be Visited: **HOLY TRINITY RCSS**
2. Location: **2420 Sixth Line, Oakville, ON L6H 5Z8**
3. Date of Trip: **THURSDAY NOVEMBER 27TH, 2025** Departure Time: **4:00 PM** Return Time: **8:45 PM PICK UP**
4. Purpose of Trip: **GIRLS NIGHT IN: JR. EDITION: EMPOWERING OUR FEMALE IDENTIFYING COMMUNITY**
5. Student Activities: **AN EVENING OF SELF-CARE INSPIRING ACTIVITIES**
6. Method of Transportation: **GUARDIAN DROP-OFF**
7. Supervision: **MS. TOMARO AND HT STAFF**
8. Cost of Trip/Student: **\$5**

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.

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 Halton C.D.S.B. AUTHORIZATION TO TRANSPORT STUDENTS PARTICIPATING IN SCHOOL ACTIVITIES form. The Halton C.D.S.B. 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 \$1 000 000.00

REQUIRED SIGNATURES FOR PARTICIPATION

ACKNOWLEDGEMENT

I/we have read the above and understand that having our child participate in the above activity we are assuming the risks associated with doing so.

Signature of Parent/Guardian _____ Date _____

PERMISSION AND BEHAVIOUR AGREEMENT

I/we give permission for my 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 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 _____ TEACHER _____ GRADE _____

CURRENT EMERGENCY INFORMATION:

Home Telephone Number _____

Mother's Name _____ Mother's Contact Number _____

Father's Name _____ Father's Contact Number _____

Emergency Contact Name _____ Contact's Number _____

CURRENT MEDICAL INFORMATION:

1. 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: _____

2. Date of last tetanus immunization *(for overnight trips only)*: _____

3. If your son/daughter/ward is allergic to any drugs, foods, and/or medication, please specify:

First aid procedures in case of incident: _____

4. If your son/daughter/ward takes any prescription drugs, please specify:

Provide details: _____

5. What medication(s) should the participant have on hand during the field trip?

Who should administer the Medication? _____

6. 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 _____

FREEDOM OF INFORMATION NOTICE

The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to the Board's policy on Out-of-Classroom Programs.