

PARENT/GUARDIAN PERMISSION FORM FOR OUT-OF-SCHOOL/EXTRA CURRICULAR ACTIVITIES

Ascension of Our Lord Secondary School School
is arranging the out-of-school/extracurricular activity described below.

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE
AND BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT**
The purpose of this form is to: 1) inform you of the nature of the out-of-
school/extracurricular activity and 2) to seek your support and permission for your child to
participate.

Please sign this form, and return it to the school no later than: Friday November 30, 2018

Teacher: All Teachers Grade: 9-12 School Telephone: 905-676-1287

Event/Activities to be Undertaken:

Students will be attending a Raptor 905 game at the Scotiabank Arena.

This will provide concrete examples of various careers possible through the MLSE organization

Date(s): Dec 5th, 2018 Departure Time: 9:30am Return: 2:10pm

Educational Purpose(s): Career Exploration for all subject areas

Destination(s): Scotiabank Arena: 40 Bay Street Toronto, ON M5J 2X2

Physical description of the area to be visited (e.g. lake, park, river, etc.)

The Scotiabank Arena is a multi-purpose arena, students will be in the arena for the duration of the trip.

Method of Travel: Yellow School Bus Cost for Student: N/A (Please bring a canned food item)

Requirements: Lunch: N/A (provided) Money: _____ Notebook: N/A Other: _____

Clothing: Students will be in full uniform pants, spirit wear shirts and running shoes suggested

The event/activity will be supervised by: Ascension Staff

NOTE TO PARENT(S)/GUARDIAN(S): Prior to the out-of-school/extracurricular activity, there will be classroom time devoted to establishing safety procedures. If your child has, or has had any previous or current health problems which might affect his/her comfort or safety, would you please give full particulars in writing, and telephone the teacher to discuss it.

The Acknowledgement and Permission to Participate Section on the back of this form must be completed in full.

ELEMENTS OF RISK: Educational activity programs, such as sporting events or activities, field trips and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. **Participant must assume these risks.**

List of Specific Elements of Risk:

- climbing up and down concrete stairs

NOTE TO STUDENT/PARENT(S)/GUARDIAN(S): The Dufferin-Peel Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.

The Dufferin-Peel Catholic District School Board distributes Student Accident Insurance to the Parent/Guardian/Student, annually.

I acknowledge that the Dufferin-Peel Catholic District School Board does not provide accident or life insurance for students.

I acknowledge that I have received a copy of the student accident insurance brochure.

(Signature of Student)

(Date)

(Signature of parent/Guardian or Adult Student)

(Date)

PERMISSION: I give permission for my child: _____ to participate in:

Raptor 905 Game

(Name of Out-of-School/Extracurricular Activity)

to be held at: **Scotiabank Arena**

(Location)

on the following date(s): **Dec 5th, 2018 - all day**

(Signature of Parent/Guardian)

(Date)

HEALTH AND SAFETY INFORMATION AND MEDICAL CONSENT FORM

SCHOOL NAME: _____

Name of Student: _____ Sex: ___ Date of Birth: _____

Address: _____

Parent(s)/Guardian(s) Telephone Number: Day _____ Night: _____

The following information will be helpful to the teacher in making your child's out-of-school visit more comfortable, safe and pleasant. All information will be held in the strictest confidence.

1. Has your child any special conditions which must be taken into consideration in his/her participation in the full program:

Allergy: _____	Rash: _____
Diabetes: _____	Heart: _____
Asthma: _____	Epilepsy: _____
Feet or Legs: _____	Rheumatic Fever: _____

Recent illness or operation: _____

Any other medical concern, which the teacher would need-to-know:

2. Has your child any drug allergy or sensitivity: If so, please provide details: **SEE REVERSE FOR LUNCH INGREDIENTS**

3. Has your child any serum sensitivity? If, give details: _____

4. Give date of last tetanus shot and reason for it: _____

5. If your child has any special night-time habits, any special fears or nervous peculiarities (e. g. bed wetting, nightmares), knowledge of which will allow the teacher to make his/her visit more relaxed, please state:

If it is necessary to elaborate on any of the above, please attach an additional page.

I/WE THE PARENT(S)/GUARDIAN(S) OF _____
HEREBY CONSENT TO OUR CHILD ATTENDING: Raptors 905 game @ Scotia Bank Arena Toronto, Ont.
FROM: Dec.5, 09:30am TO: Dec 5, 2:10pm

SHOULD IT BECOME NECESSARY FOR OUR CHILD TO HAVE MEDICAL CARE, I/WE HEREBY GIVE THE TEACHER PERMISSION TO USE HER/HIS BEST JUDGEMENT IN OBTAINING THE BEST OF SUCH SERVICE FOR OUR CHILD. WE UNDERSTAND THAT ANY COST WILL BE OUR RESPONSIBILITY. WE ALSO UNDERSTAND THAT IN THE EVENT OF ILLNESS OR ACCIDENT, WE WILL BE NOTIFIED AS SOON AS POSSIBLE.

Signature of Parent(s)/Guardian(s): _____
Date: _____

Provision of the information and consent request on this form is voluntary; however, it may be required for the health and safety of your son/daughter. The information provided will be held in confidence.

MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: Personal information on this form is collected under the legal authority of the Education Act, R.S.O.1990,c.129 as amended. This information will be used for the purpose of providing health and safety services in the event of an emergency. Questions regarding this collection should be directed to the School Principal.

INGREDIENT LIST FOR DEC. 5 2018

OATMEAL COOKIES

ROLLED OATS, SUGAR, SHORTENING I PALM AND OR PALM KERNEL, CANOLA, MODIFIED PALM OILS I, ENRICHED WHEAT FLOUR, BROWN SUGAR, DEXTROSE, SORBITOL, SALT, MONO AND DIGLYCERIDES, SODIUM BICARBONATE, ARTIFICIAL FLAVOUR, MAY CONTAIN MILK, EGGS AND/OR SOYA.

BAGELS

WHOLE GRAIN WHOLE WHEAT FLOUR INCLUDING THE GERM, WATER*, GRAIN AND SEED MIX (FLAX SEEDS, FLAX MEAL, BARLEY FLAKES, ROLLED OATS, RYE FLAKES, TRITICALE FLAKES, CORN MEAL, MILLET, SUNFLOWER SEEDS, BROWN RICE MEAL, BUCKWHEAT FLOUR, SESAME SEEDS), SUGAR/GLUCOSE-FRUCTOSE, WHEAT GLUTEN*, MALTED BARLEY SYRUP (CORN EXTRACT, MALTED BARLEY EXTRACT), SOYBEAN AND/OR CANOLA OIL, YEAST*, SALT, CALCIUM PROPIONATE, DIACETYL TARTARIC ACID ESTERS OF MONO- AND DIGLYCERIDES, SORBIC ACID, SOY LECITHIN, VEGETABLE MONOGLYCERIDES, MAY CONTAIN CORN MEAL. TOPPING: CRACKED WHEAT, SESAME SEEDS. *ORDER MAY VARY.

CREAM CHEESE

Milk Ingredients, Salt, Locust Bean Gum, Bacterial Culture. Contains: Milk

APPLES AND BANANAS