



PERMISSION/ACKNOWLEDGEMENT FOR EDUCATIONAL EXCURSIONS and ATHLETIC/CO-CURRICULAR PARTICIPATION

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT. STUDENTS 18 YEARS OF AGE AND OLDER MAY SIGN ON THEIR OWN BEHALF.

_____, of the Huron-Perth Catholic District School Board is arranging: (Name of School/Program)

(description of activity, location, dates and mode of transportation)

Elements of Risk

Educational excursions and programs, such as the event described above, involve certain elements of risk. Accidents may occur while participating in these activities. These accidents may cause injury. By choosing to permit your child 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.

The Huron-Perth Catholic District School Board does not provide any accidental death, disability, dismemberment, dental, or medial expenses insurance on behalf of the students participating in this activity.

NOTE TO PARENT(S):

- 1. If volunteer drivers are used, I give permission for my son/daughter to travel with a volunteer driver. Yes [] No []
2. Students are not permitted to drive other students.
3. Please return this form in its entirety.

Please list any medical conditions or procedures (e.g. diabetes, asthma, allergies, etc.) that pertain to your son/daughter.

Permission and Acknowledgement

I have read the above and give _____ (name of student) permission to participate in the _____ to be held on or about _____

Signature of parent/guardian/adult student: _____

Date: _____