



Hamilton-Wentworth Catholic District School Board
Believing, Achieving, Serving

PARENT/GUARDIAN INFORMATION FORM
FOR OUT-OF-SCHOOL LEARNING EXPERIENCES
Elementary and Secondary Students

THIS FORM SHOULD BE RETAINED BY PARENTS/GUARDIANS

To the Parent/Guardian: Permission has been granted by the principal to have the students participate in the out-of-school learning experience described below. Please read the information below and return the attached form by the due date as indicated.

If a non-refundable deposit/payment is required for this out-of-school learning experience, the parent/guardian acknowledges that neither the HWCDSB nor any employee bears liability for the deposit/payment once paid, if the child is unable to attend, or if the out-of-school learning experience is cancelled due to any unforeseen circumstances.

The Board's Out-of-School Learning Experiences Policy and Procedures can be referenced on the Board Website, www.hwcdsb.on.ca.

School Name:	St. David CES
Destination Name: Address: Contact Number:	FirstOntario Concert Hall 1 Summers Lane, Hamilton, L8P 4Y2 905-525-7664
Date(s) of out-of-school learning experience:	November 6, 2018
Cost per Student:	\$3.00
Mode of Transportation:	Bus
Approximate Departure Time :	11:30 a.m.
Approximate Return Time:	1:00 p.m.
Purpose of the out-of-school learning experience:	To gain an appreciation for music and professional orchestras as students listen to a performance (Isabella Tarantella!).
Additional details:	Students must wear their school uniform; students may bring a small peanut/nut-free snack and a reusable water bottle if desired.
Water activities:	None
*ALL PERMISSION FORMS AND FEES ARE DUE: Friday, October 5, 2018	

IS-17-40 (A)



Hamilton-Wentworth Catholic District School Board
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PERMISSION FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCE Elementary and Secondary Students

PRINT STUDENT'S FULL NAME:	
School Name:	St. David Catholic Elementary School
Destination Name: Address: Contact Number:	First Ontario Concert Hall 1 Summers Ln, Hamilton, ON L8P 4Y2 (905) 525-7664
Date(s) of out-of-school learning experience:	November 6, 2018
Cost per Student:	\$3.00
Mode of Transportation:	Bus
Approximate Departure Time:	11:30 a.m.
Approximate Return to School Time:	1:00 p.m.
Purpose of out-of-school learning experience:	To gain an appreciation for music and professional orchestras as they listen to a performance.
Additional details:	Students must wear their school uniform; students may bring a small peanut/nut-free snack, reusable water bottle if desired.

Payment Type: Cash or Online (Online preferred – please print receipt)

I/We hereby request that the above-named student be permitted to participate in this activity.

Signature of Parent/Guardian:* _____ **Date:** _____

*If the student is over the age of 18 years and has signing authority designated by the student's parent/guardian, the student's signature only is required.

Contact Phone Number: _____

Emergency Contact Name: _____ Relationship to student: _____

Emergency Contact Phone Number: _____

Specialized Requirements: Please specify and check all that apply:
 Allergy/Anaphylaxis Asthma Diabetes Epilepsy Sickle Cell Disease
 Other (please specify) _____

For out-of-country out-of-school learning experiences, I have consulted all Health warnings/advisories via the local Health Department and/or Foreign Affairs and International Trade Canada Travel Report and Warnings website: <https://travel.gc.ca/travelling/advisories>.

The personal information and personal health information requested and contained within this form is being collected, used, retained and disclosed pursuant to the *Municipal Freedom of Information and Protection of Privacy Act: R.S.O. 1990 last amendment 2007* and the *Personal Health Information Protection Act : R.S.O. 2004 last amendment 2009* by the Hamilton-Wentworth Catholic District School Board in accordance with the *Education Act: R.S.O. 1990 last amendment 2009* and its regulations for the provision of education and education-related programs and services, including excursions. Any questions regarding the collection, use, retention and disclosure of personal information by the School or the Board may be directed to the principal of the School.

IS-17-40 (B)*ALL PERMISSION FORMS AND FEES ARE DUE: October 5



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INFORMED CONSENT FORM FOR OUT-OF-SCHOOL LEARNING EXPERIENCES Elementary and Secondary Students

This form must be read and signed (without amendment) for any student attending the educational out-of-school learning experience. To ensure participation, return to the school/supervising teacher by _____. **Students WILL NOT be allowed to participate if the form is not signed and returned.**

ELEMENTS OF RISK: Educational activity programs involve certain inherent elements of risk. Injuries may occur while participating in these activities.

Injuries may occur while travelling or participating in these activities. The potential inherent risks that may result from participation include but are not limited to: physical contact with other people, hard surfaces, flying objects, rapid movements, and quick turns and stops, physical exertion, fatigue and exhaustion, dehydration, exposure to weather conditions including sun exposure, extreme heat, extreme cold, site hazards, e.g. heights, water, noise, transportation, equipment and materials, electricity and chemicals, environmental conditions, including exposure to fauna, flora, insects and wildlife, failure to remain within designated areas and supervised activities.

The following includes, but is not limited to the types of injuries which may result from participating in this activity (list as appropriate): bruises, cuts and scrapes, sprains and strains, breaks and fractures, concussion, sun exposure, frostbite, insect bites/stings, rashes, serious and life-threatening injuries and death. By choosing to take part in this activity I understand that my child may be exposed to certain risks and accidents and injuries may occur.

The potential inherent risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the School Board, its employees, agents or the facility where the activity is taking place. Refer to Ontario Physical and Health Education Association (OPHEA) website (www.ophea.net).

The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity; i.e., listening attentively, etc. If you choose to participate in this activity you must understand that you bear the responsibility for any injury that might occur. The Hamilton-Wentworth Catholic District School Board does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT AND PERMISSION:

I/We have read the above and agree to assume the risks associated with our child/myself participating in the out-of-school learning experience.

Signature of Parent/Guardian*: _____ **Date:**

*If the student is 18 years of age or older and has signing authority designated by the student's parent/guardian, the student's signature only is required.

IS-17-40 (C)