



Hamilton-Wentworth Catholic District School Board
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Form A

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
Destination Name, Address and Contact Number:	Camp Marydale, 5999 Chippewa Road, Mount Hope. 905 528-0011
Date(s) of out-of-school learning experience:	November 19, 2018.
Cost per Student:	No cost
Mode of Transportation:	Bus
Time of departure from school:	9:10 am
Approximate Time of return to school:	2:30 pm
Purpose of the out-of-school learning experience:	Inquiry based and experiential learning of plants in the outdoors.
Additional details:	Wear uniform? No Bring own lunch? Yes Other: Dress for rain or shine, wear rain/snow boots, hats, gloves, winter coat for hiking on trails. Volunteers with valid police checks needed for trip.
Water activities:	No

ALL PERMISSION FORMS AND FEES ARE DUE NO LATER THAN 3 DAYS BEFORE THE OUT-OF-SCHOOL LEARNING ACTIVITY. LATE SUBMISSIONS MAY NOT BE ACCEPTED.



Hamilton-Wentworth Catholic District School Board
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Form B

**PERMISSION FORM FOR
OUT-OF-SCHOOL LEARNING EXPERIENCES
Elementary and Secondary Students**

PRINT STUDENT'S FULL NAME:	
School Name:	St. David
Destination Name, Address and Contact Number:	Camp Marydale, 5999 Chippewa Road, Mount Hope. 905 528-0011
Date(s) of out-of-school learning experience:	November 19, 2018.
Cost per Student:	No cost
Mode of Transportation:	Bus
Time of departure from school:	9:10 am
Approximate Time of return to school:	2:30 pm
Purpose of out-of-school learning experience:	Inquiry based and experiential learning of plants in the outdoors.
Additional details:	Wear uniform? No Bring own lunch? Yes Other: Dress for rain or shine, wear rain/snow boots, hats, gloves, winter coat for hiking on trails. Volunteers with valid police checks needed for trip
Water activities:	No

Payment Type: On-Line Payment Receipt Number _____ (preferred payment method)
 Payment Attached

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-18-40 (B)



Hamilton-Wentworth Catholic District School Board
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Form C

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 _____ (due date). **Students WILL NOT be allowed to participate if the form is not signed and returned.**

ELEMENTS OF RISK: Educational activity programs, such as _____ involve(s) 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 assume the risk 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.



Form D

**CURRENT MEDICAL INFORMATION & EMERGENCY CONSENT
FOR OUT-OF-SCHOOL LEARNING EXPERIENCES
Elementary and Secondary Students**

(To accompany the teacher during the out-of-school learning experience)

TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT 18 YEARS OF AGE OR OLDER
FOR OVERNIGHT OUT-OF-SCHOOL LEARNING EXPERIENCE
TO: _____

In Emergency, contact person(s) is/are:

- (1) Name: _____ Contact #: _____
 (2) Name: _____ Contact #: _____

Please record any medical, allergy, dietary condition, or religious requirement which should be observed. Please specify and, if necessary, give details of any medication taken by student:

Please list any activities from which student should be excused: _____

EMERGENCY CONSENT FORM

As the parent(s)/guardian(s)* of _____
(Name of Student)

I/We hereby consent that my/our child attend the out-of-school learning experience as noted above

from _____ to _____
(date) (date)

Should it become necessary for my/our child to have medical care, I/we hereby give the teacher/supervisor permission to use his/her best judgement in obtaining the best of such medical service for our child. I/We understand that any costs associated with the medical service for our child will be our/my responsibility. I/We also understand that in the event of illness or accident, an emergency contact will be notified as soon as possible.

Address _____

Contact #: (Day) _____ (Evening) _____

Signature of Parent(s)/Guardian(s)* _____ **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.

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IS-18-40 (D)



Hamilton-Wentworth Catholic District School Board
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Form E

**REQUEST FOR SUPERINTENDENT APPROVAL OF OVERNIGHT
OUT-OF-SCHOOL LEARNING EXPERIENCES
Elementary and Secondary Students**

School		Date of Request*
Destination		Date of Proposed Out-of-school Learning Experience*
Travel/Tour Company		Mode of Transportation
School Departure Time	Destination Departure Time	Name of Carrier
Number Of Students	Grade Range Of Students	Number Of Supervisors
Total Cost Per Student	Personal Cost Per Student	Supervision Ratios Met? Yes <input type="checkbox"/> No <input type="checkbox"/>
OPHEA GUIDELINES FOLLOWED? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	HIGH-RISK ACTIVITY? Yes <input type="checkbox"/> No <input type="checkbox"/>	WATER ACTIVITY INVOLVED? Yes <input type="checkbox"/> No <input type="checkbox"/>
HEALTH WARNINGS/TRAVEL ADVISORIES? Yes <input type="checkbox"/> No <input type="checkbox"/>	ADDITIONAL DETAILS	
EDUCATIONAL RATIONALE		
Name(s) of Staff Supervisor(s):		
Purpose of Out-of-school Learning Experience:		
Relationship to Student's Program/Course (Attach Details):		
Pre-Out-of-School Learning Experience Preparation(S) By Students:		
Follow-Up Activities Planned:		
DATE	PRINCIPAL'S SIGNATURE	

SUPERINTENDENT OF EDUCATION SIGNATURE	APPROVAL DATE
<p>*Request requirements for overnight:</p> <ul style="list-style-type: none"> • within province, submit request two weeks prior to out-of-school learning experience. • outside of province, submit request six weeks prior to out-of-school learning experience. • outside of Canada, submit request four months prior to out-of-school learning experience. 	
Send signed form to superintendent of education of school; school should retain copy; superintendent will return copy upon approval of out-of-school learning experience.	

IS-18-40 (E)



Hamilton-Wentworth Catholic District School Board
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Form F

TRANSPORTATION OF STUDENTS FOR SCHOOL RELATED EVENTS

Date:

Dear Parents/Guardians:

It is important to recognize the importance of safety for all students in all levels of participation in school-related events. This also includes the transportation of students to and from games/locations as outlined in the schedules provided to the players/team members.

While the principal is always responsible for school-related events, it is the parent who is responsible for the transportation of their son/daughter to the game or event. Should a parent wish to have another parent or other licensed driver transport their child to the game/event at the elementary level or secondary level, it is critical to ensure the driver is aware of the responsibility for the safety of his/her passengers: vehicle in good repair, current valid license and insurance, working seatbelts, etc. Provisions should also be made by the driver for any accommodations which are required for any students with special needs.

We bring this to your attention to ensure that the above aspects of safety precautions are addressed for games/events during school times as well as after school events for both elementary and secondary students.

Please complete the portion below indicating your acknowledgment of the above information and the responsibility of the parent to communicate to the driver the importance of safety first.

Sincerely,

Principal

I/We have read the above information and acknowledge my/our responsibility as parent(s)/guardians

of _____ (student's name) to transport him/her to school-related events.

Parent/Guardian: _____

Date: _____

IS-18-40 (F)



Hamilton-Wentworth Catholic District School Board
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**PERMISSION FORM FOR
OUT-OF-SCHOOL LEARNING EXPERIENCES
USING PERSONAL VEHICLES
Elementary and Secondary Students**

Form G

PRINT STUDENT'S FULL NAME:	
School Name:	
Destination Name, Address and Contact Number:	
Date(s) of out-of-school learning experience:	
Cost per Student:	
Mode of Transportation:	Private Motor Vehicle
Time of departure from school:	
Approximate Time of return to school:	
Purpose of Experience:	
Additional details:	Wear uniform? Yes <input type="checkbox"/> No <input type="checkbox"/> Bring own lunch? Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
Water activities:	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, details:

Payment Type: <input type="checkbox"/> On-Line Payment Receipt Number _____ (preferred payment method) <input type="checkbox"/> Payment Attached
I/We hereby request that the above-named student be permitted to participate in this activity and give permission for my son/daughter to be transported using a private motor vehicle.
Signature of Parent/Guardian:* _____ Date: _____
<small>*If the student is 18 years or older and has signing authority designated by the student's parent/guardian, the student's signature only is required.</small>
Contact Phone Number: _____
Emergency Contact Name: _____ Relationship to student: _____
Emergency Contact Phone Number: _____
Specialized Requirements: Please specify and check all that apply: Allergy/Anaphylaxis <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Sickle Cell Disease <input type="checkbox"/> Other (please specify) <input type="checkbox"/>

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-18-40 (G)



Hamilton-Wentworth Catholic District School Board
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Form H (A)

VOLUNTEER DRIVER - AUTHORIZATION TO TRANSPORT STUDENTS Part A

This will authorize _____
(Name of staff or other volunteer driver)

1. To transport students participating in the events listed on the attached school schedule;
OR
2. To transport students participating in the following school activity:

(Note Activity and Destination)

3. Vehicle Information: MAKE: _____ YEAR: _____ LICENCE #: _____

Date School Name Principal's Signature

NOTE: ALL "OUT-OF-SCHOOL LEARNING EXPERIENCE DRIVERS" ARE ADVISED THAT, IN ORDER TO BRING INTO EFFECT THE BOARD'S EXCESS LIABILITY INSURANCE, THEY MUST:

- A. Use a licensed automobile which carries valid automobile Third Party Liability Insurance as required under Ontario legislation;
- B. Provide the School Board with prompt written notice, with particulars, of any accident arising out of the use of a licensed automobile during an out-of-school learning experience on Board-related business;
- C. Be aware that the School Board's Excess Automobile Liability Insurance comes into effect only after the vehicle owner's primary Third Party Liability insurance limit has been exhausted;
- D. Be aware that any damage to the volunteer's vehicle, the cost of any insurance deductible or premium adjustment as the result of an accident while the vehicle is being used on Board-related business is NOT covered by the School Board's Excess Automobile Liability Insurance.
- E. Be aware that if the vehicle is equipped with passenger-side airbags, children under 12 years should not be permitted to ride in the front seat. (See vehicle manufacturer's recommendation.)

N.B. An "out-of-school learning experience driver" is defined as any person authorized by the Board who has agreed to be a driver for a certain out-of-school learning experience while they are driving their own or another licensed automobile. This includes, but is not limited to: Trustees, employees, teachers, parents, volunteers, and officials of the School Board.

DECLARATION TO BE SIGNED BY DRIVER

- I declare that I hold an unrestricted driver's license and am authorized to drive in Ontario, and my vehicle is insured by a valid automobile liability insurance policy as required by Ontario law.
- I declare that the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

Signature Date

DECLARATION TO BE SIGNED BY OWNER (IF DRIVER DOES NOT OWN THE VEHICLE)

- I declare that I have authorized _____ to drive my vehicle to transport students participating in

the school event(s) listed on this form.

- I declare that he/she holds an unrestricted driver's license, is authorized to drive and is insured as an operator under the vehicle's liability insurance.
- I declare the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

Signature

Date

IS-18-40 (H-A)

See Part B (next page)



Hamilton-Wentworth Catholic District School Board
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Form H (B)

Volunteer Driver – Authorization to transport students continued **Part B**

SUMMARY OF INSURANCE

(1) Staff and Volunteer Supervisors on School Premises - The School Board's Liability Insurance Policy protects both staff and volunteers who are working within the scope of their duties for the Board. This coverage responds to lawsuits that are brought against staff or volunteers who are supervising school events and provides protection up to \$24 million for each occurrence.

(2) Staff and Volunteer Drivers for School Activities - Ontario legislation makes automobile insurance compulsory in the Province of Ontario. The same legislation makes the owner's insurance primary coverage in the event of an accident - in other words, the insurance carried on the vehicle responds first. If a vehicle which is not owned by the School Board is being operated by a volunteer or any other Board employee for approved school activities, the Board's Non-owned Automobile Insurance endorsement will respond to Third Party Liability claims in excess of the owner's insurance limit up to a total combined limit as stated in the Non-owned Auto policy.

There is no coverage provided by the School Board's insurance for damage to volunteer's or employee's vehicles while they are being operated for Board activities.

According to Provincial legislation, passengers who are injured would recover Accident Benefits coverage from their own or a parent's automobile policy. In the absence of a personal or family automobile policy, the passenger would then be eligible to recover benefits from the insurance policy covering the vehicle in which they were riding.

(3) Personal Automobile Insurance Coverage - For the personal protection of staff and volunteer drivers, it is recommended that drivers carry a minimum of \$1 million of Third Party Automobile Liability insurance. Volunteers and Board employees who use their personal vehicles for transporting students to school activities should advise their insurance carrier.

IS-18-40 (H-B)



Hamilton-Wentworth Catholic District School Board
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Form I

OUT-OF-SCHOOL LEARNING EXPERIENCE REQUEST / PRINCIPAL APPROVAL FORM

NAME: _____ Today's Date: _____
(Teacher in Charge)

DETAILS:			
Date of out-of-school learning experience: _____		Start time at activity site: _____	
Time bus leaving from school: _____		Time bus picks up from site location: _____	
Return to school time: _____			
Location/address of out-of-school learning experience: _____			
Reason for out-of-school learning experience: _____			
Grade(s) and teacher name(s) attending: _____			
Students should attend out-of-school learning experience prepared with: _____			
Total # of students: _____		Total # of supervisors: _____	
Names of supervisors: _____			
Volunteers have Vulnerable Sector Check Completed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Supervision Ratio Compliant: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Admission cost per student: A \$ _____			
Total cost of busing (including taxes) _____		X _____ = _____	
		Cost per bus # of buses required Total cost of busing	
Cost of busing per student: B _____		÷ _____ = _____	
		Total bus cost # of students Cost of busing per student	
Admission cost of supervisors per student: C _____		X _____ ÷ _____ = _____	
		# of Supervisors Cost/supervisor # of students Cost of supervisor/student	
Estimated cost of out-of-school learning experience per student: _____		+ _____ + _____ = _____	
		A B C Student Pays	

Bus seating: 2 per seat = 48 Primary: 3 per seat = 72 Note: Extra cost for wheelchair bus.

When calculating the number of seats and buses required, include number of students plus all supervisors.

When calculating student cost per bus, only include # of students in the calculation.

Buses to be booked: by teacher or office ?

OPHEA Guidelines have been consulted? Please attach details to this form.
Yes No N/A

Uniform required for out-of-school learning experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why?
---	-------------

*Money and permission forms from parents are due 3 days before out-of-school learning experience if day out-of-school learning experience. If overnight, see Form D.

Department Head's Signature (if applicable) _____ Date: _____

Vice-Principal's Signature (if applicable) _____ Date: _____

Principal's Signature _____ Date: _____

IS-18-40 (I)



Hamilton-Wentworth Catholic District School Board
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Form J

BUS/VEHICLE MANIFEST

Bus # _____ of _____

School Name: _____ Date: _____

Teacher-In-Charge: _____ Cell #: _____

Bus Company: _____ Bus Company Phone #: _____

License Plate: _____ Bus ID Number: _____

Bus Driver's Cell # (Optional) _____

Out-of-school learning experience Name & Destination:

- * Please fill in a separate form for each vehicle and leave a copy in office before departure.
- * Supervisors and students must not switch buses once this list is submitted to office.
- * For a complete class traveling on a single bus, attach class list with updated attendance.

IS-18-40 (J)



Hamilton-Wentworth Catholic District School Board
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Form K

(INSERT SCHOOL NAME)

Re: Consent Form - Walking off school property and park visits, walking to Mass

List supervisor names on this vehicle:					
	Student Names		Student Names		Student Names
1.		25.		49.	
2.		26.		50.	
3.		27.		51.	
4.		28.		52.	
5.		29.		53.	
6.		30.		54.	
7.		31.		55.	
8.		32.		56.	
9.		33.		57.	
10.		34.		58.	
11.		35.		59.	
12.		36.		60.	
13.		37.		61.	
14.		38.		62.	
15.		39.		63.	
16.		40.		64.	
17.		41.		65.	
18.		42.		66.	
19.		43.		67.	
20.		44.		68.	
21.		45.		69.	
22.		46.		70.	
23.		47.		71.	
24.		48.		72.	

Dear Parents/Guardians:

We would like to take advantage of our seasonal Canadian weather and participate in some outdoor physical education activities as part of our physical education programme. Some of these activities include neighbourhood walks, visiting the neighbourhood park, and walking to Mass. Please make sure your child comes to school prepared wearing running shoes and appropriate clothing for the season's outdoor weather.

We are planning to participate in this type of activity throughout the year, weather permitting. We need your parental permission for your child to participate in this activity since it takes place off of the school property. Please complete the blanket consent forms, which cover the entire school year, on the following pages and return them to your child's teacher.

Thank you,

Principal.

IS-18-40 (K)



Hamilton-Wentworth Catholic District School Board
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Form L

(INSERT SCHOOL LETTERHEAD)
**SPECIAL ARRANGEMENTS FOR TRANSPORTATION
TO AND FROM OUT-OF-SCHOOL LEARNING EXPERIENCE
SAMPLE TEMPLATE**

Student's Name:	
Classroom Teacher:	
Out-of-school learning experience:	
Date of experience:	

The school has arranged transportation to and from the school. We understand that there may be situations where other transportation arrangements may be required for your son/daughter.

Please indicate the alternate arrangements below: (INCLUDE OPTIONS AS NEEDED)

- I will be driving my son/daughter to the out-of-school learning experience and will contact the teacher in charge upon arrival.
- I will pick up my son/daughter from the out-of-school learning experience. I will contact the teacher in charge before leaving with my child.
- I give permission for my son/daughter to be driven by _____ to the out-of-school learning experience and he/she will contact the teacher in charge upon arrival.
- I give permission for my son/daughter to be picked up from the out-of-school learning experience by _____. This person will inform the teacher in charge before leaving with my child. They will provide photo ID before my child will be released.
- I give permission for my son/daughter to drive to the out-of-school learning experience and he/she will contact the teacher in charge upon arrival.
- I give permission for my son/daughter to drive from the out-of-school learning experience. He/she will inform the teacher in charge before leaving.

Signature of Parent/Guardian: _____

Date: _____

IS-18-40 (L)