

## EDUCATIONAL EXCURSION

### Parent/Guardian Permission Form – OVERNIGHT EXCURSION

**PERMISSION DUE DATE:**

This form must be completed and returned to your child’s teacher/supervising staff member on or before \_\_\_\_\_.

DETAILS (School Use)	
Destination	
Excursion Description	
Date and time of departure	
Date and time of return	
Supervising Staff Member(s)	
Total cost to student	

STUDENT INFORMATION	
Student Name	
Homeroom Teacher	
Parent/Guardian Name	
Parent/Guardian Phone	
Parent/Guardian Email	

**ELEMENTS OF RISK**

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

The Northeastern Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses’ insurance on behalf of students participating in these activities.

**EXPECTATIONS OF STUDENTS**

**Students:**

- are responsible to supervising staff member(s) from departure to return to the school.
- are subject to all school rules and consequences during educational excursions.
- must follow specific excursion rules developed by the staff organizer, approved by the Principal and communicated to students and parent(s)/guardian(s) prior to the excursion.
- may not leave the school group without the permission of the staff organizer.
- are responsible for any school and course work missed.

**Students and Parents must understand that:**

- students who do not observe rules on excursions may be denied further participation in the activity. In some instances, students may be sent home (with parent contact and at parent cost). Further consequences could include; exclusion from any or all school excursions and extra-curricular activities for a period of time; suspended as per school policy; and/or charged by the police if criminal activity is involved.
- alcohol and drug use is forbidden during any and all school activities. This rule pertains to students of legal age of consumption as well. Any breach of this rule could result in police involvement.

I understand the expectations of students outlined above.

<b>Student Signature:</b>	<b>Date:</b>	
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I understand the expectations of students as outlined above and consent to my child’s participation in this educational excursion.

I give consent to the supervising staff member(s) to seek emergency medical care for my child if needed.

The school will contact parent(s)/guardian(s) as soon as possible in cases of medical or other emergencies.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>	
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**CONTINUE TO MEDICAL INFORMATION (next page)**

**EDUCATIONAL EXCURSION - Medical Information Form**

This information will be used to ensure adequate medical supervision. This confidential medical sheet will be kept by supervising staff in a safe place during the tour. In addition, any required medication will be kept in a locked container by the supervising staff member and distributed to the student as required.

STUDENT INFORMATION		
Student Name		
Homeroom Teacher		
Parent/Guardian Name		
Parent/Guardian Phone		
Parent/Guardian Email		
MEDICAL QUESTIONS		
Yes/No	Condition	If yes, please outline action to be taken should an incident occur
Chronic Illness		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child suffer from a chronic illness (i.e. diabetes, epilepsy, asthma, etc.)? Please identify: _____	
Medical Conditions		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Sickness	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches/Migraines	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fainting Spells	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ear/nose/throat infections	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary infections	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin conditions	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Digestive upsets	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bowel problems	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood condition	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
Allergies		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Food	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Animals	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Temperature changes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
Special Dietary Conditions		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child require a special diet for medical reasons? If yes, please specify: _____	

**IMPORTANT NOTE:** Should any of this information change before the excursion takes place, please notify the school as soon as possible.

Parent/Guardian Name (Please print):		
Parent/Guardian Signature:	Date:	