

## Parent/Guardian Permission for Excursion for MBTL Staff Assistant & Conductor's Apprentice 2017

The collection and retention of the information requested on this form is authorized and governed by the Ontario *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*.

School: Toronto District School Board/Camp Wahanowin \_\_\_\_\_ Telephone: 416 396-6188  
 Teacher(s): **Janet Bambrick/Rick Humphrey, Bruce Nashman (Wahanowin Director)** Grade/Class: 10, 11, 12  
 Student: \_\_\_\_\_ Date of Excursion: June 2 – June 10, 2017  
 Nature of Activity: Music Camp \_\_\_\_\_  
 Destination: Camp Wahanowin, Orillia \_\_\_\_\_

### To Parents and Guardian:

The purpose of this form is to inform you about the excursion and to seek your support and permission for your child/ward to participate. This information may be shared as necessary with adults supervising the excursion.

**This is an important document. Please ensure that someone is able to translate and explain this document to you.**

Purpose of the excursion: To attend Music By The Lake Camp which provides an enrichment opportunity for music students from grade 6 - 8

### Itinerary

Program/itinerary: Please see MBTL website [www.mbtl.ca](http://www.mbtl.ca)  
 Departure from School: Date: June 2, 2017 Time: 5:00 pm departure from: **John Polanyi CI**  
 Return to School: Date: June 10, 2017 Time: 4:00 p.m.  
 In exceptional circumstances, dates and times may change. Every effort will be made to communicate these changes to you ahead of time.

### Method of Travel (please check one)

TDSB bus                       Public transit                       Commercial vehicle (bus)  
 Private vehicle(adult driver)\*                       Private vehicle(Student driver)\*

\*Approval of the principal is required for all volunteer drivers. The school will make every effort to ensure that parent/guardian consent is obtained for each excursion for students to travel in private vehicles.

### Requirements for Participants

Food/snacks: Included    Money: for tuck shop  
 Notebook:    Clothing and equipment: as per student information package  
 Other: **Please Note:**

1) As part of the excursion, students will be participating in the following high-care activities. These activities involve increased risk or special safety considerations, or require special qualifications or certification for supervision. Appropriate supervision will be provided. This includes Waterfront activity including, canoeing, kayaking, swimming.

2) Bus transportation to and from Toronto (as requested by parents) is supervised by a TDSB teacher.

**Accommodation:** Students will be assigned to cabins at Wahanowin Phone # 416 482-2600

### Financial Arrangements

There is an honorarium for MBTL Staff of \$100 paid by camp Wahanowin. Students also will receive 40 hours of community service.

### Excursion Staff

School contact during the excursion: **Janet Bambrick/Rick Humphrey; Bruce Nashman**

Staff Supervisors: **Janet Bambrick/Rick Humphrey; Bruce Nashman**

Teacher Janet Bambrick/Rick Humphrey                      Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Administrator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please sign in either the YES or the NO box and return this form to the teacher by:  
Wednesday March 1, 2017**

## YES

I/we give permission for my/our child/ward, \_\_\_\_\_, to participate in the excursion

To **Music By The Lake Camp** on (date) **June 2– June 10, 2017**

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

I/we give permission for my/our child/ward to be transported in a private vehicle (adult driver) \_\_\_\_\_, private vehicle (student driver) \_\_\_\_\_ who has been authorized by the principal.

Parent Signature \_\_\_\_\_

Is there any change in medical information or a medical reason why your child should not participate in the activity, or which may lead him/her to require special attention during the activity? \_\_\_\_\_

Should it become necessary for my/our child/ward to have medical care, I/we hereby give the teacher permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

For students 18 years old or older, it is strongly recommended that the parent/guardian also sign this form.

I wish to volunteer on this trip: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)

## NO

I/we do not give permission for my/our child, \_\_\_\_\_, to participate in the excursion to \_\_\_\_\_ on (date) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
(printed name of parent/guardian)

Signature of Parent/Guardian \_\_\_\_\_ Today's date: \_\_\_\_\_  
(or student, if 18 years old or older)