

Parent/Guardian Permission for Excursion for MBTL 2018

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School: Toronto District School Board/Camp Wahanowin _____ Telephone: **416 396-6008**

Teacher(s): **Rick Humphrey, Bruce Nashman (Wahanowin Director)** Grade/Class: **6,7,8**

Student: _____ Date of Excursion: **June 2 – June 9, 2018**

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 grades 6 - 8

Itinerary

Program/itinerary: Please see full details for MBTL at the website www.mbtl.ca

Departure from School: Date: Saturday, June 2, 2018 Time: 9 a.m. departure

Return to School: Date: Saturday, June 9, 2018 Time: approximately 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) Music By The Lake Bus

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 activities such as canoeing, kayaking, and swimming.

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

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

Financial Arrangements

Total cost per student: \$700.00 before Jan 20, \$725 thereafter (excluding cost of busing)

Deposit required: \$250.00 if before Jan 20, \$275 thereafter. Payable to: Music By The Lake.

Excursion Staff

School contact during the excursion: **Rick Humphrey/Karen Maxwell; Bruce Nashman**

Staff Supervisors: **Rick Humphrey/Karen Maxwell; Bruce Nashman**

Teacher: 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: Sunday, February 18, 2018

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 9, 2018**

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 over)

SUBMIT >

Please submit your Medical Form and Excursion Form to Catherine McPherson
E-mail: Catherine.McPherson@tdsb.on.ca
Fax: 416-396-3417