

FIELD TRIP/EXCURSION INFORMATION FOR PARENT/GUARDIAN/ADULT STUDENT

To be completed by the teacher in charge and kept by the parent/guardian/adult student.

School: Centennial P.S.

Principal: Mrs. B. Adams

School Phone: Centennial P.S. (W) 519-885-5660

Grade/Class/Course: 7 and 8

Teacher(s): Mrs. S. Taylor

Destination: Wonderland

Learning Expectations for the Trip: Active Living Personal Skills

Departure Date: Jun 25/2014

Time: 8:00 a.m.

Return Date: Jun 25/2014

Time: 7:00 p.m.

Cost of Excursion: \$42.00

Type of Transportation: Bus (Elliott #440276)

Name, Address, and Telephone Number of Travel Agency or other Outside Organization: (if applicable) Bus - Elliot Coach Lines - 519-669-5198

Specific Activities of the Excursion: Active Living Personal Skills

This is Identified as a Higher Risk Activity: [X] Yes [] No

High Risk Activities are: [] Canoeing [] Rock Climbing [] Alpine Skiing [] Swimming [] Sailing [] Other... [] Snowboarding [] Nordic Skiing [] Camping [] Cycling

Special Information (e.g., clothing, materials, lunch): sunscreen/bottled water/lunch

Teacher in Charge: Mrs. S. Taylor

Volunteers Needed [] Yes [X] No

If Yes [] For Supervision on the Excursion. [] For Driving.

PARENT/GUARDIAN/ADULT STUDENT CONSENT FOR FIELD TRIP/EXCURSION

To be completed by the parent/guardian/adult student for all field trips/excursions and returned to the school.

School: Centennial P.S.

Field Trip Destination: Wonderland

Field Trip Date(s): Jun 25/2014

Element of Risk: The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. Injuries may range from minor sprains and strains to more serious injuries. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible, the foreseeable risks inherent in field trip activities.

Medication: If it will be necessary for your child to take prescription medication during the trip, the parent/guardian must complete the form Administration of Medication (IS-98-00). It must be forwarded to the Principal prior to the administration of medication. (*If your child currently receives medication during the school day and a copy of this form is on file at the school, it is not necessary to complete another form.)

I have read and understood the information on the Field Trip/Excursion Information for Parent Form (IS-04-F-1).

Student Name: _____ Home Room _____

Parent/Guardian Signature (if student under age 18) _____ Date _____

Document Management: Home School Reason: Non-OSSE School File - Current Year

Authorization for the collection of this information is the Education Act R.S.O. 1990, C.E.2 and the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students. Questions about the collection of this personal information should be directed to the Freedom of Information, Privacy and Records Information Management Officer, Waterloo Region District School Board.