

INFORMED CONSENT DAY TRIP

WALKING OR BUS TRIP -

Please keep this portion handy for reference.

Class:	Location/Des	Location/Description:			
Purpose of Trip/Subject			Walking	Bus	
Trip Date:	Departure Time:		Return Time:		
Staff involved:					
Cost per Student:					
Items Required: Lunch	Water Sunscreen	Bag/Knapsack	Outdoor Clothing	Rain Gear	
Volunteer Supervisor(s) are not re	equired: <u>OR</u>	Volunteer Sup	Volunteer Supervisors are required		
Other information:					
Trip Coordinator		Principal			
Please detac	h and return permission	n and payment befo	ore:		
I have read the above and give Destination:	permission for my child		e in this event.		
Student Name:					
Amount:			Cheque	Cash	
	formation about my child ince September. cal Information form to the	Details:			
Volunteers: I would like to	volunteer as a Superviso	r			
Yes, I have a Criminal Record file in the office. Parent/Guardian Name:		•	ecent Offense Declaration co	•	
Parent Email Address:					
Parent / Guardian Signature**		 Date)		

** If the student is 18 yrs or over, the student may sign in lieu of parent.

NOTE: The Halton District School Board does not provide accident insurance coverage for student injuries. The Board makes available the insuremykids® Protection Plan through Reliable Life. For more information visit: www.insuremykids.com 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.