



**OUT-OF-SCHOOL PARENTAL PERMISSION FORM**  
**Category 3 Activity (Overnight Trip using transportation)**

\_\_\_\_\_ will be taking students to \_\_\_\_\_  
on \_\_\_\_\_. Students will be travelling by \_\_\_\_\_.  
departing the school at \_\_\_\_\_ and returning at \_\_\_\_\_. The trip is linked to the following curriculum  
expectations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The student should come prepared with \_\_\_\_\_

The cost of the trip is \$\_\_\_\_\_ which includes \_\_\_\_\_

The students will be staying at \_\_\_\_\_

**Dear Parent/Guardian:**

Please take a moment to complete the following and sign the permission form. Students will not be allowed to attend this trip without your signature.

**Student name:** (print) \_\_\_\_\_

**Parent/Guardian name:** (print) \_\_\_\_\_

Medical conditions that should be taken into consideration for this trip: \_\_\_\_\_

In case of emergency, you will be contacted at the number that you have provided the school upon registration. If you wish to be contacted at a different number on this day, please provide here: \_\_\_\_\_.

In case of serious student misconduct during this trip, the staff in charge will have the authority to dismiss the student and contact you to pick him/her up at the location of the activity. Parents will be responsible for any applicable costs.

Educational activities such as these involve a certain element of risk. An accident may occur while participating in this activity. Accidents may occur without any fault on either part of the student, or the School Board or its employees or agents, or the facility where the activity is taking place. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in the activity. The staff has taken every reasonable precaution in preparing students for this activity. The Peterborough Victoria Northumberland and Clarington Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this trip. Parents/guardians of a student participating in out-of-province trip are advised to purchase adequate medical insurance in case of emergency.

I have read the information regarding this trip, and I am familiar with the nature of the activities in which my son/daughter will be participating. To my knowledge my son/daughter is capable physically and emotionally of participating in this trip. I give permission for my child to take part in this activity.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_