

INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS Category 3, 4 or 5 - Students Under 18 Years (and Category 2 if engaging in High Care Activities)

The	is arranging
(name of school)	
(descript	tion of activity and dates)
THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND BY A PARENT OR GUARDIAN OF A PARTICIPATING STUDENT.	
ELEMENTS OF RISK:	
Educational activity programs, such as while participating in these activities. The following lis may result from participating in	involve certain elements of risk. Injuries may occur includes, but is not limited to, examples of the types of injury which
1	(describe activity)
2.	
3.—	
	from the nature of the activity and can occur without any fault of either ents or the facility where the activity is taking place. By choosing the tax you/your child may be injured.
The chance of an injury occurring can be reduced activity.	by carefully following instructions at all times while engaged in the
	on, you must understand that you ur. In case of serious student misconduct during this trip, the staff in the and contact you to pick him/her up at the location of the activity
	arington Catholic District School Board does not provide accidental insurance on behalf of the students participating in this activity.
ACKNOWLEDGEMENT	
WE HAVE READ THE ABOVE. WE UNDERSTAND TWE ARE ASSUMING THE RISKS ASSOCIATED WIT	THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, TH DOING SO.
Signature of Student:	Date:
Signature of Parent/Guardian:	Date:
PERMISSION	
I give permission to	participate in the(description of activity)
to be held on or about If my child (<i>date</i>)	(description of activity) d is participating in an International excursion, I will keep apprised of
travel advisories in place at the time of the trip.	
Signature of Parent/ Guardian:	Date: