



Parental Consent for Field Trip

Your child's class/grade 5 & 7 is going on the field trip described below.

Please complete and return the form by: Friday, December 13th

<u>Departure</u>	Date: <u> Thursday, December 19th </u> Pick up time: <u> 8:45am </u> Transportation: <u> Bus </u>
<u>Return</u>	Date: <u> Thursday, December 19th </u> Return time: <u> 3:45pm </u> Transportation:: <u> Bus </u>
<u>Activity</u>	Place: <u> MacSkimming- Outdoor Education Centre </u> Activity <u> Grade 5- 'Early Contact Program' & Grade 7 'Fur Trade Program' </u>
<u>Supervisor</u>	Supervisors: <u> Mr.Cinanni, Mrs.Bertrend, Mrs.Thompson, Mr.Polowin </u>
<u>Requirements for Students</u>	Lunch/Snack: <u> Kosher, nut-free lunch and snacks, water bottle </u> Special Clothing/Equipment: <u> Winter clothing to spend the day outdoors- extra mittens, extra socks, warm boots </u> Other: <u> MacSkimming has a 'zero trace' policy- any litter packed in lunch boxes will come home. Try to pack a litterless lunch. </u>

PLEASE DETACH THIS PORTION, SIGN AND RETURN TO YOUR CHILD'S TEACHER

Permission is given to the Ottawa Jewish Community School for the following student to participate in the field trip (description): MacSkimming Program .

Date: _____
Student Name: _____
Emergency Contact: _____
Emergency Contact #: _____

Medical Information

Indicate any medical information or dietary restrictions that the supervising teacher needs to know:

Medical Consent

I/we authorize OJCS or its delegates, to proceed with appropriate medical care for my child as required in the event I cannot be reached (nor the emergency contact person provided on this form) within a reasonable period of time. I understand that in the case of an accident or illness I will be notified as soon as possible.

Elements of Risk

Any out of school activities may involve certain elements of risk. Injuries may occur when participating in the activities in this field trip. The chance of injury can occur without any fault of the school, employees/agents, board, or the facility where the activity is taking place. I/we understand that costs will be my/our responsibility as the OJCS does not provide accident insurance coverage for student injuries that occur during school activities.

Acknowledgment

I have read and understand all of the above, and by signing give permission for my child to attend the trip and participate in the above activity.

Parent/Guardian Signature: _____ Date: _____