CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

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APPENDIX F – INFORMED CONSENT/PERMISSION FORM FOR EDUCATION TRIPS, STUDENTS UNDER 18

Category 2 - Overnight Out of School Activity and/or

Category 3 - Travel outside Canada or Travel Requiring Commercial Flights

_____ is arranging _____

(name of school) (*description 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:

Out of School Activity programs involve certain elements of risk. Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in _____ (*describe activity*) :

1. _____
2. _____
3. _____

The risk of sustaining these types of injuries result from the nature of the activity and can occur without any fault of either the student, or the school board, its' employees/agents, or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.

If you choose to participate in _____on _____, you must understand that you bear the responsibility for any injury that might occur. 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 them up at the location of the activity. Parents will be responsible for any applicable costs.

The Catholic District School Board of Eastern Ontario does not provide accidental death, disability, dismemberment, or medical expense insurance on behalf of the students participating in this activity.

ACKNOWLEDGEMENT

WE HAVE READ THE ABOVE. WE UNDERSTAND THAT IN PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

Signature of Student: _____ Date:_____

Signature of Parent/Guardian:_____ Date:_____

PERMISSION

I give _____permission to participate in the _____to be held on or about

(*name of student*) (*description of activity)*

_____.

(*date*)

Signature of Parent/Guardian: _____Date:_____

Privacy Notice

The Catholic District School Board of Eastern Ontario collects personal information under the authority of the Education Act, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and other applicable legislation, for the purpose of the administration of educational programs and services within CDSBEO. All information is collected in compliance with legal and regulatory requirements. The information may be shared with authorized staff and third parties as necessary in keeping with the law. We implement important measures to protect your information from unauthorized access, use, or disclosure. You have the right to access and correct your personal information held by us. For further details, please visit: https://www.cdsbeo.on.ca/notice-of-disclosure/. By providing your personal information, you consent to its use as described. Thank you.