



# Informed Consent Form for Category I Field Trips

**This form is applicable to field trips within RDSB boundaries.**

**The following field trip has been planned for your child. Please read carefully before signing. Students are encouraged to obtain Student Accident Insurance prior to departure. For further information, please contact Reliable Life Insurance Company at 1-800-463-5437.**

NAME OF SCHOOL: Carl A. Nesbitt P.S.

TEACHER RESPONSIBLE: Mrs. Gareau-Jones

NAME OF ACTIVITY: Lasalle Dance Performance DESTINATION: Lasalle Secondary School

DEPARTURE: 06/Mar/2015 10:00 RETURN: 06/Mar/2015 12:30

DEPARTURE: \_\_\_\_\_ RETURN: \_\_\_\_\_

# OF STUDENTS: 165 COST OF PARTICIPATION: \$ 0

PLANNED ACTIVITIES: The Lasalle Dance Team is proudly presenting "Dance Act & Sing" showcasing the students and staff of Lasalle SS. Please come and join us for this premiere event which includes dancing, singing and acting performances. The show is geared to grades 5-8 a donation would be appreciated. We will be walking

NAMES OF SUPERVISING STAFF: Mrs. Forigo, Mr. Stone, Mrs. Cranston, Mrs. Lavigne, Mrs. Mitchel, Mr. Jarrett, Mrs. Valiaho and Mrs. Paradis

NAMES OF SUPERVISING VOLUNTEERS: \_\_\_\_\_



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### TYPE OF TRANSPORTATION

Students are required to arrange their own transportation

**OR**

School will arrange transportation

NAME OF CARRIER: \_\_\_\_\_

**OR**

NAME(S) OF VOLUNTEER DRIVER(S). If volunteer drivers are used, refer to Rainbow District School Board's Volunteer Program Guidelines, including FT-13. Student drivers are **NOT** allowed.

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

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### This portion must be completed by parent/guardian:

NAME OF CHILD: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

NAME OF ACTIVITY: \_\_\_\_\_

MEDICAL CONCERNS: (Please provide detailed information regarding your child's needs)

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

### EMERGENCY CONTACT

In the event that your child requires immediate medical attention, an ambulance may be called at the parent's expense.

NAME OF EMERGENCY CONTACT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

I understand the elements of risk involved in this field trip and give my child, \_\_\_\_\_ permission to participate in the field trip as previously described. NAME OF CHILD

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

*J. H. Jones*  
\_\_\_\_\_  
TEACHER SIGNATURE

*Feb 24 / 15*  
\_\_\_\_\_  
DATE

*Reeley Fisher*  
\_\_\_\_\_  
PRINCIPAL/VICE-PRINCIPAL SIGNATURE

*Feb. 24 / 2015*  
\_\_\_\_\_  
DATE

**Please note: Providing your child's health card number is voluntary. If you choose not to provide the health card number, your child will be required to carry his/her health card with him/her on the field trip.**