

**PARENT/GUARDIAN PERMISSION FORM  
FOR OUT-OF-SCHOOL / EXTRA CURRICULAR ACTIVITIES**

\_\_\_\_\_ School  
is arranging the out-of-school/extracurricular activity described below.

**THIS FORM MUST BE READ AND SIGNED BY EVERY STUDENT WHO WISHES TO PARTICIPATE AND/OR  
BY A PARENT/GUARDIAN OF A PARTICIPATING STUDENT**

**The purpose of this form is to: 1) inform you of the nature of the out-of-school/extracurricular  
activity and 2) to seek your support and permission for your child to participate.**

**Please sign this form, and return it to the school no later than:** \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ School Telephone: \_\_\_\_\_

Event/Activities to be Undertaken:

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

Date(s): \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return: \_\_\_\_\_

Educational Purpose(s): \_\_\_\_\_

Destination(s): \_\_\_\_\_

Physical description of the area to be visited (e.g. lake, park, river, etc.) \_\_\_\_\_

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

Method of Travel: \_\_\_\_\_ Cost for Student: \_\_\_\_\_

Requirements: Lunch: \_\_\_\_\_ Money: \_\_\_\_\_ Notebook: \_\_\_\_\_ Other: \_\_\_\_\_

Clothing: \_\_\_\_\_

The event/activity will be supervised by: \_\_\_\_\_

**NOTE TO PARENT(S)/GUARDIAN(S):** Prior to the out-of-school/extracurricular activity, there will be classroom time devoted to establishing safety procedures. If your child has, or has had any previous or current health problems which might affect his/her comfort or safety, would you please give full particulars in writing, and telephone the teacher to discuss it.

**The Acknowledgement and Permission to Participate Section on the back of this form must be completed in full.**

**ELEMENTS OF RISK:** Educational activity programs, such as sporting events or activities, field trips, excursions and other activities, may present various elements of risk. Incidents related to such activities may occur and cause injury through no fault of the school board or the facility at which the activity or event is being held. **Participants must assume these risks.**

The following class activities, including and not limited to, are identified as having the potential for more serious consequences: alpine skiing/snowboarding, broomball (ice), cheerleading (acrobatic), field hockey, field lacrosse, gymnastics, ice hockey, ringette (ice), swimming, wrestling, and/or field events: high jump, shot put. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in physical activity. Please contact the school to discuss any sport specific safety concerns.

**NOTE TO STUDENT/PARENT(S)/GUARDIAN(S):** The Dufferin-Peel Catholic District School Board does not provide any accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities.

The Dufferin-Peel Catholic District School Board distributes Student Accident Insurance to the Parent/Guardian/Student, annually.

☐ **I acknowledge that the Dufferin-Peel Catholic District School Board does not provide accident or life insurance for students.**

☐ **I acknowledge that I have received a copy of the student accident insurance brochure.**

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of parent/Guardian or Adult Student)

\_\_\_\_\_  
(Date)

**PERMISSION:** I give permission for my child: \_\_\_\_\_ to participate in:

\_\_\_\_\_, to be held at: \_\_\_\_\_  
(Name of out-of-school/extracurricular activity) (Location)

on the following date(s): \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)