UPPER GRAND DISTRICT SCHOOL BOARD

Educational Field Trips and Off-Site Activities Parental Information/Consent Form

(this is a two-sided form)

508-6

This form may be used for blanket permission for teams or groups that travel regularly, or for students taking school walking trips from time to time.

A. PARENTAL INFORMATION

School: Ross R MacKay Public School **Phone:** 519 855-4957

Destination of Trip: Walking Trip Form: School Neighbourhood

Time Frame or Specific Dates: 2026-2027 School Year

Educational Objectives: Various links to the curriculum

Method of Transportation: Walking

Teacher-in-Charge: ______________________

Emergency Contact Name/number: *Please call the school (# above) and we will contact the teacher-in-charge of the trip*

Student's Cost: 0 Online payment preferred

Activities/Special Considerations: ______________________

BEHAVIOUR: Students participating in an educational field trip or off-site activity are expected to meet the same standards of behaviour as required in the regular school setting. Students in serious violation of the school's Code of Conduct or board policies may, at the discretion of the teacher-in-charge, in consultation with the principal, be sent home. Expenses incurred in sending students home shall be the responsibility of the parent/guardian. All incidents of this type must be reported by the principal to the appropriate superintendent of education immediately. A decision may be made by the principal regarding the need for further disciplinary action.

(Please detach Part A and keep for reference)

✂ -

(Please complete part B and return to the school immediately)

B. PARENT CONSENT FORM (to be retained by the principal)

***Request financial assistance** ☐

☐ **Cash**
☐ **Cheque**
☐ **Online**

Name of Student: ______________________ Grade/Course: ____________

Destination of Trip: Walking Trip Form: School Neighbourhood

Time Frame or Specific Dates: 2026-2027 School Year

***School administration will reach out to discuss options for financial support.**

MEDICAL AND EMERGENCY INFORMATION: The information submitted in September on the Admission Form will be used. Any changes must be communicated to the school. Out-of-province health costs will be the responsibility of the parent if not part of the travel company's package. The Upper Grand District School Board does not provide any accidental death, disability, dismemberment or medical expenses insurance for students participating in field trips or off-site activities. This may be provided by personal coverage or by purchasing Student Accident Insurance. Student Accident Insurance information is available on the board website at www.ugdsb.ca/parents/accident-insurance/.

☐ **Check the box if the student has a LIFE-THREATENING MEDICAL CONDITION PLAN OF CARE on file with the school.**

Provide any special instructions for the trip: ______________________
(e.g., accessibility or medical requirements)

I understand that in the event of a medical emergency, a medical practitioner and/or an employee of the Upper Grand District School Board can authorize emergency care for my child. Such authorization will only be granted when a serious condition exists, and the medical practitioner(s) and/or an employee of the Upper Grand District School Board has been unable to contact the parent(s)/guardian(s)/caregiver(s).

Parent/guardian/caregiver signature is required on opposite side…

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Parental Information/Consent Form
SIDE TWO

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ADDITIONAL INFORMATION

INHERENT RISKS: The risk of injury exists in every field trip and off-site activity. However, due to the very nature of some activities, accidents may occur while participating in these activities. The safety and well-being of students is a priority and attempts are made to manage the foreseeable risks inherent in field trip and off-site activities as effectively as possible. The chance of injury can be reduced by participants carefully following instructions at all times while engaged in the activity. The activities listed below, and others, have inherent risks which are beyond the control of the Upper Grand District School Board, its employees or agents, or the facility where the activity is taking place. Participants must assume the inherent risks of the activity and liability should an accident/incident occur. Please note that not all risks associated with these and other activities have been listed.

Sample Activities	Inherent Risks
* Ice surface activities (e.g., curling, skating, hockey)	Broken bones, head injuries
**Skiing, Snowboarding	Head and dental injuries
Swimming	Drowning, head injuries
Rock climbing walls	Back and spinal injuries
Wilderness camping	Sunburn, insect bites/stings, strains and sprains, drowning
Canoeing	Drowning

Other: _____ (specific to activity)

*** Ice surface activities: CSA approved hockey helmets must be worn by all staff, students and volunteers who go onto the ice surface.**

**** Helmets are mandatory for snowboarding and downhill skiing.**

I have read the information supplied, understand and accept the conditions outlined on this form, and agree that my child may participate in this field trip and related activities.

Signature of Parent/Guardian: _____ **Date:** _____

Would you like to be contacted if we require supervisors? ☐ YES ☐ NO

Revised: 2025 05 Retention: 1 year	The legal authority for the collection of this information is in the *Education Act* R.S.O. 1980. The purpose is to obtain parental/guardian consent for the impending trip or off-site activity. Users of this information will be the principal/vice-principal, appropriate volunteers, school support staff, superintendent of education and administrative support staff. This form will be retained for one year from the return date of the trip. A records destruction notice will be completed, and forwarded to the records management officer, and the forms will be shredded. The contact person for queries concerning this information is the principal.