APPENDIX D

PARENTAL/GUARDIAN APPROVAL

SCHOOL: _____ TELEPHONE: _____

TEACHER: _____ GRADE: _____

To parents and guardians: The purpose of this form is two fold –

1. To inform you of the nature of the program.
2. To seek your support and permission for your child to participate.

Date(s): _____ Departure Time: _____ Return Time: _____

Destination(s): _____

Method of Travel: _____

Financial Arrangements: Cost to be paid by students $_____(deposits are non-refundable)

Purpose of Trip: _____

Requirements: Lunch _____ Money _____

Other _____ Clothing _____

Note to Parents: Prior to the visit, 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. Students not achieving an acceptable level of conduct or behaviour may be excluded or withdrawn from an Out-of- Classroom/Co-Curricular Program.

Date: _____

Signature - Teacher _____ Signature – Principal _____

Please check the appropriate box, sign and return this bottom section to school.

☐ I hereby do give my permission

☐ I DO NOT give my permission

for my child (name): _____

to participate in: _____

Parent/Guardian Telephone:

Home: _____ Business: _____

Cell: _____

Doctor's Name: _____ Doctor's Number: _____

OPTIONAL: Medical/Heath problems: _____

Date: _____

Signature of Parent or Guardian _____