



# TORONTO CATHOLIC DISTRICT SCHOOL BOARD

## PARENT/GUARDIAN PERMISSION FORM – ALL EXCURSIONS

School: \_\_\_\_\_

I/We give permission for my/our child, \_\_\_\_\_  
Student's full name

To go on the school excursion to: **Catholic Education Centre, 80 Sheppard Avenue East**

Nature and purpose of the excursion: **TCDSB President's Council Conference - Student Leadership Training**

Session Start Time: **9:00 AM**

Date: **Thursday, December 20, 2019**

Session end time: **2:30 PM Dismissal from CEC**

**\*\*Student are responsible for their own transportation to and from the Catholic Education Centre**

Teacher(s) in Charge/Supervisor(s): (1) **Mr. Michael Consul (Student Leadership - CEC)**  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Cost of Excursion \$: **none (pizza lunch provided)**

The receipt of the following information is acknowledged by the signature of the parent or guardian.

1. *If an excursion is organized without approval being obtained, the Board declines to assume financial or other responsibility of personal liability incurred by students and/or their parent(s)/guardian(s) in connection with their private arrangements for excursions which are not part of the school curriculum.*
2. *Each child's parent(s)/guardian(s) is/are to receive a copy of the pertinent information contained on the approval form*
3. *Please indicate on the back of this form or on the **Student Health Information Form** (if an overnight trip) any relevant medical information concerning your child.*
4. *If an alternate travel, accommodation or activity plan for your child has been made, list details on the reverse side and sign that your permission is given for these changes.*
5. **Parents/Guardians are responsible for making the necessary arrangements if, for any reason, it becomes necessary to send their child(ren) home prior to the end of the excursion. The Board is in no way responsible for reimbursing parents/guardians if this situation occurs.**

\_\_\_\_\_  
Principal's Signature (indicates approval of this/these events).  
(To be signed before copies are sent for signature of parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(Signature of student if over 18 years of age)

\_\_\_\_\_  
Date



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## CONSENT TO MEDICAL TREATMENT

(a) *When on Field Trips*

and (b) *When parents cannot be contacted*

The information on this form is collected under the authority of the Education Act, R.S.O. 1991, Section 170(1) and will be used for administration of school excursions and in the event of a medical emergency. If you have any questions regarding the collection or use of this information, please contact the school Principal.

To: *Any Qualified Health Care Provider*

## CONSENT TO MEDICAL TREATMENT

*I hereby consent to the administration of any medical treatment deemed by any qualified medical practitioner to be necessary for the health and welfare of my child,*

\_\_\_\_\_

Student's full name

*including the administration of an anaesthetic and the performance of any necessary operation on the day of \_\_\_\_\_.*

*Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_*

*Health Card Number: \_\_\_\_\_*

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Date



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## STUDENT INFORMATION RELEASE FORM

I give my consent to the Toronto Catholic District School Board to use the following information for promotion of TCDSB students, staff, programs, schools or the Board as a whole, through TCDSB publications (including brochures and advertising), Board and school newsletters, the Board's website and the outside (print or electronic) media.

(Please check the appropriate boxes):

For those 18 years of age or older:

To be completed by parent or guardian for those under 18 years of age:

My photograph/video footage of me  
My name  
My age  
The name of my school  
My grade level

My child's photograph/image/video footage of my child  
My child's name  
My child's age  
The name of my child's school  
My child's grade level

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Student's name

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Name of parent/guardian

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Student's signature

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Signature of parent/guardian

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Date

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Date

*This personal information is collected under the authority of the Education Act. Any questions concerning this form should be directed to the school Principal.*

