



Upper School

PARENTAL CONSENT FORM FOR OUT-OF-CLASSROOM PROGRAM

Parent/Guardian:

Please read the information below that pertains to the out-of-classroom program in which your son is planning to participate. The purpose of this form is to seek your permission for your son to participate in this program. If your son has, or has had, any previous or current health problems which the supervising teacher(s) should know about, please give full particulars in writing or telephone the teacher to discuss it.

Please complete this permission form as indicated and have your son return it to his Form Adviser by February 25, 2016. KEEP A DUPLICATE COPY FOR YOUR RECORDS.

W.H.Y. (Walk for Homeless Youth)

Date: Tuesday, March 8, 2016

Time: 8:30 AM – 3:30 PM

Method of Transportation: Walk from UCC to University of St. Michael's College, 81 Mary Street, Toronto, (distance 5 KM)

Financial Arrangements: Minimum \$30 (donation/funds raised)

Risk Management: All participants will be escorted by Metro Toronto Police along with a support first aid vehicle.

Nature and Purpose of the Program: *All Y1 Students walk to raise funds, to promote awareness, and to collaborate meaningfully with schools across and beyond the GTA.*

Requirements: Appropriate dress for the weather, walking shoes/winter boots
Lunch will be provided upon arrival to St. Michael's College.

Please describe any Dietary accommodations _____

Attire: casual and comfortable, layers recommended

Supervising Teacher (s): Y1 Form Advisers

PLEASE HAVE YOUR SON DELIVER THIS FORM TO HIS FORM ADVISER BY FEBRUARY 25, 2016.

Parent/Guardian, please complete and send in this form:

I hereby give my permission I DO NOT give my permission

for my son (name) _____ to participate in this event.

First

Last (Please print)

AND

the undersigned hereby releases Upper Canada College, its respective directors, officers and employees of and from any and all claims whatsoever arising or which may arise by reason of the Child's participation in the Field Trip including any claims due to personal injuries or illness excepting any such claim resulting from and/or arising out of the gross negligence of Upper Canada College, its respective directors, officers or employees.

Should the Child suffer injury or illness while on the Field Trip, the undersigned hereby authorizes any representative of Upper Canada College and, in particular, any teacher accompanying the Child to authorize such medical attention for the Child as may be deemed appropriate by said representative of UCC in the circumstances. The undersigned agrees to bear the costs of all medical care and procedures required by the Child. The undersigned also agrees to maintain appropriate medical insurance coverage for the Child while on the Field Trip.

The undersigned hereby releases UCC, its respective directors, officers and employees from any claim arising out of any medical treatment the Child may require.

The undersigned acknowledges that should the Child fail to keep and obey all rules and regulations prescribed by UCC, its respective directors, officers and employees, while participating in the Field Trip, UCC may, in its sole and absolute discretion, terminate the Child's participation in the Field Trip without refund for the cost of the Field Trip. In the case of a day trip, it is unlikely that the Child would be returned to the school. Were this to occur, the Child would return in the company of a member of the faculty. In the case of an overnight trip, the undersigned will be contacted in advance by a member of the faculty to make the necessary arrangements to ensure that the Child is properly supervised on the return trip home. Any additional costs incurred by reason of the termination of the Child's participation in the Field Trip and/or as a result of the Child being sent home will be the responsibility of the undersigned.

Parent/Guardian Telephone: (home) _____ (bus.) _____

Phone number where Parent/Guardian may be reached during event _____

Ontario Health Card No. (For Ontario residents only) _____

Medical/Health problems: _____

Date: _____ Signature of Parent or Guardian: _____

Emergency Contact Number if different from the above: _____