

Upper Canada College

PARENTAL PERMISSION FORM FOR DAY FIELD TRIP

Dear Parent/Guardian:

Please read this information package carefully. It pertains to your son's trip to **Royal Ontario Museum**. The purpose of this form is to seek your permission for your son to participate in this activity. If your son has, or has had, any previous or current health problems, which the Supervisor-in-Charge should know about, please give full particulars in writing. Please complete this permission form and have your son return it to the Supervisor-in-Charge before November 5th, 2018.

PLEASE RETAIN A DUPLICATE HARD COPY OR REFER TO AN ELECTRONIC COPY

Year 5 Royal Ontario Museum -

**Date: 5M Tuesday, November 27, 2018
5F & 5H Monday, December 3, 2018.**

Destination: Royal Ontario Museum, 100 Queen's Park, Toronto, M5S 2C6

Method of Transportation: School Bus

Departure time/place: 12:30 am from Upper Canada College Preparatory School

Return time/place: 3:00 pm to Upper Canada College Preparatory School

Nature and Purpose of the Program:

As part of our Year 5 "Where we are in Place and Time" inquiry into Indigenous Peoples, we are planning a trip to the Royal Ontario Museum. Form 5M is scheduled for Tuesday, November 27th, and 5F and 5H are scheduled for Monday, December 3rd. Students will explore the main features of communities of First Peoples in Canada through the ROM collections. Students will identify and compare how pre-contact First Nation Peoples' cultures met physical and social needs, use original objects to investigate different historical points of view, and analyze examples of interaction between Indigenous peoples and European explorers.

Requirements: Boys should wear #1 dress for this trip.

Supervisors in Charge: 5M Ms. McCormack; 5F Mr. Faggion; 5H Ms. Harper

Deadline for submission of permission form: November 23, 2018

Parent/Guardian, please complete the following portion of this form:

Parent/Guardian Name: _____

I hereby give my permission

I DO NOT give my permission

for my son (name) _____ to participate in _____
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 any aspect of this trip to the **Royal Ontario Museum** including any claims due to personal injuries, death or illness.

Should the Child suffer injury or illness while participating in any aspect of this trip to the **Royal Ontario Museum** the undersigned hereby authorizes any representative of Upper Canada College and, in particular, any staff member 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 this trip to the **Royal Ontario Museum**.

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 on this trip to the **Royal Ontario Museum**, UCC may, in its sole and absolute discretion, terminate the Child's participation in this trip without refund for the costs. Any additional costs incurred by reason of the termination of the Child's participation in the trip and/or as a result of the Child being sent home will be the responsibility of the undersigned.

PLEASE NOTE: PREP TEACHERS WILL TRAVEL WITH EACH STUDENT'S MEDICAL INFORMATION. PLEASE INDICATE BELOW IF INFORMATION IS DIFFERENT FROM THAT WHICH IS ON FILE.

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

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

Medical/Health/Allergies: _____

Date: _____

Signature of Parent or Guardian (acknowledges that you have read, understand the risks involved and approve of your child's participation):

(parent's/guardian's signature)

Emergency Contact Number if different from the above: _____

RISK MANAGEMENT CHART

Category of Risk	Description of Risk and Plan for Mitigation
Travel	We will take a dedicated school bus with a professional driver using GTA streets.
Health and Safety	We will visit the Royal Ontario Museum galleries with a guide. The Royal Ontario Museum is open to the public during the time of our visit. They will travel in groups with adult supervision.
Environmental	N/A
Political	N/A

