

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 the **McMichael Art Gallery**. 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 has not been previously indicated on medical history forms and which the Form Teacher should know about, please give full particulars in writing. Please complete this permission form and have your son return it to the Form **October 28, 2019**.

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

Year 4 MCMICHAEL ART GALLERY TRIP

Date: Friday, November 1, 2019.

Destination: McMichael Gallery 10365 Islington Ave, Kleinburg, ON L0J 1C0

Method of Transportation: School Bus

Departure time/place: Leaving Upper Canada College Prep School / 9:00 am

Return time/place: Arriving Upper Canada College Prep School by 3:00 pm

Cost: \$18.00 (to be charged to account)

Nature and Purpose of the Program: As a part of the Year 4 “How We Organize Ourselves” unit of inquiry, the boys have been connecting their inquiry into regional identity into their investigations in Art. Year 4 students will extend their learning by visiting the **McMichael Gallery** to connect their classroom pursuits in Inquiry, Language Arts and Art, to real life. The boys will be involved in a full-day program at the McMichael Gallery with studio time, and gallery activities. As students will be actively engaged in studio time, they may wear casual dress on the day

Requirements: Boys should dress in casual clothes for studio portions and have appropriate outdoor clothing for time spent outdoors on the McMichael grounds.

Supervisor in Charge: Ms. Kastelic, Ms. O’Brien, Ms. McCormack, and Ms. McCord will accompany the trip
Deadline for submission of permission form: October 28, 2019.

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) _____
First Last (Please print)

to participate in _____

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 **McMichael Art Gallery**, 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 **McMichael Art Gallery** 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 **McMichael Art Gallery**.

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 **McMichael Art Gallery**, 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.

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

Please note teachers will travel with the medical information provided to the school. Please note any changes to the information below:

Ontario Health Card No. (if different from the one on file) _____

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 above: _____

RISK MANAGEMENT CHART

Category of Risk (where applicable)	Description of Risk and Plan for Mitigation
Travel	We will be travelling by school bus with a professional driver. This will be our only means of transportation during the trip. We will travel on some 400 series highways.
Health and Safety	The gallery will be open to the public during the time of our visit. Classes will move through together in small groups with gallery teachers and supervising UCC teachers.
Environmental	Weather could be variable. Students should bring proper attire for the weather - consider rain gear, sunscreen, hats, etc.
Political	None.
Other	